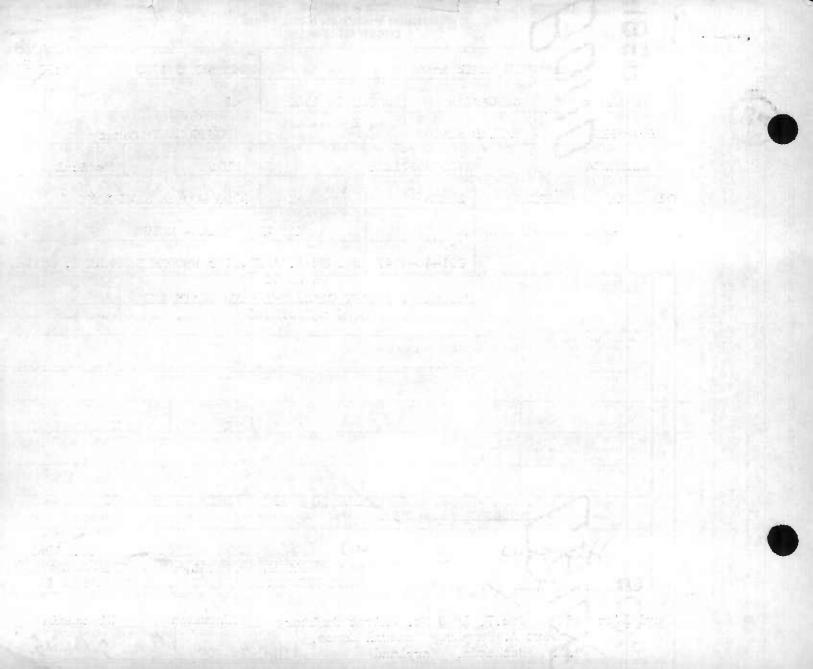


STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) Albert Abramson M - 10 a M 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR Male 05 White 10 01 82 Years olds To BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED RUSSIA USA DIVORCED Montgomery County CLEAT PERIOD OF WORKING LIFE) 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Silver Spring LOTHROP Holy Cross Hospital NG HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Montgomery Silver Spring 1220 East-West Highway #414 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ENGEL SAMUELIRS MIDDLE KATIES MIDDLE ABRAMSON 12200 BAST WEST HIGHWAY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ETHEL ABRAMSON, SILVER SPRING, MARYLAND 079-12-2656 A 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY ASPIRATION PNEUMONA MMEDIATE CAUSE PRESTON VASC. ALCIDENT_ Canditians, if any, which gave rise to immediate cause (a), stoting the ANTERIORIENOTIC DISOLDE INDEFINIA underlying couse VITAL RECORDS. 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING TO CAUSE OF DEATH DIVISION OF 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 220 1 certify that (I) (this hospital) attended the deceased from_ saw the deceased alive on oboy. (I) (1/6) (did not) view the body after death and that in (my) som opinion death accurred on the date and have and from the causes stated ATTENDING MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS GEORGIA AUT SILVER SPRING 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 236 DATE BURTAL 12/7/1983 2 DONALDIRMIORSTEIN HEBREW MEMORIAL FUNERAL HOME 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 232 CARROLL STREET. N. W., WASHINGTON, D. C. (VRA 15, 4) UEU ()

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by the filed	S	hady Grove	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Shady Groy	e adven	tist Haspital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFT Practical Nurse	12b. KIND OF BUSINESS OR INDUSTRY
AND 212 n 24 hour	13a. S Ma		or other institution, give residence JNTY 13c. CITY OF Gaith	e before admission) R TOWN Ersburg	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 12004 Winesap Te	errace
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1 W. PRESTON ST., BALTIMORE, MARYLAND 2120 hat the death certificate be executed within 24 hours by the attending physician and completely filled in by ose remove carbon papers. Pages I and 2 should be fill, cremation, ar removal. other traumotic event, the medical examinar maskbers.			only one couse per line for (o), () SED BY: ATE CAUSE (o) PANCE DUE TO, OR AS A CON (b) DUE TO, OR AS A CON	SEQUENCE OF	CARCINO	MA.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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OR he he oche Dep		22b. SIGNATURE	y Tones	Ker M	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	121. DATE SIGNED
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DHMH - 16 50M 4/B2	24. FI	JNERAL DIRECTOR			25a. DA1	Falls Church	RAR'S SIGNATURE
(VRA 15, 4)		Colonial Funer	al Home Falls	Church	va 22044 DEC	20 1983 Joan	I Could

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d) 11	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYPIENE	3 5 3 8
XX	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.
1	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNO	OWN MONTH DAY YEAR 76. HOUR
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	3. SEX 4 RACE 3. DATE OF BIRTH 6. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE	MONTH DAY YEAR 24. HOUR
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一 200 主	7a BIRTHPLACE (STATEOR 7b, CITIZEN OF WHAT COUNTRY?	CITY OR COUNTY OF DEATH
AND	Too Moreocoo III C A	r GOMERY MD
A WEEK A	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION	ON (TYPE OF WORK 12b. KIND OF BUSINESS
SEAT TO	ROCKVILLE 5930 DORGHESTER WHY HAIRDRES	
TOSE AND S	LICITAL DECIDENCE OF MANUFACTOR OF COMPANY	20832
SE AN PROPERTY		CCHESTER WAY
A TANKE Z	14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME	
A A SA	Sholom Amsellem Marie	Amsellem
0 "35-9"		Potomac, Md. 20854
BALTIM B.RS AFER WITH FOR DIVISION	NO 579-58-6672 Claude Amsellem; 10716	Barnwood Lane:
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
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AANS REAL PRESENTED	Conditions, if any, which gave rise to immediate (b)	
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A P P P P P P P P P P P P P P P P P P P	220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry	and in my ppinion
WHEN THE WAY	death resulted from: Undetermined manner	<u> </u>
W. V. C.	ACTUAL TITLE SPECIFY)	DATE /2/13/83
ZHE SEE	SIGNATURE MEDICAL EXAMINER	
TO MEDICAL EXAMINER: THIS CENTRE THE CERTIFICATE, WRITHER A SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH WITH THE STATE IN MARYLAND, 21201	EXAMINER'S NAME PRANCES C MAYLE ADDRESS BOALWS CONCERN	Aux Botter Soll
AFT PAGE	736 RURIAL CREMATION REMOVAL 1235 DATE 122, NAME OF CEMETERS OF CREMATION 1234 DOCATION	7-40-00 40 0000
BP		ince George's; Md.
DHMH - 17	THE PARTY OF THE P	b. REGISTRAR'S SIGNATURE
(VR A15 ME (5))	1170 Rockville Pike: Rockville, Maryland 20852 DFC 1 64003	A A 1.4
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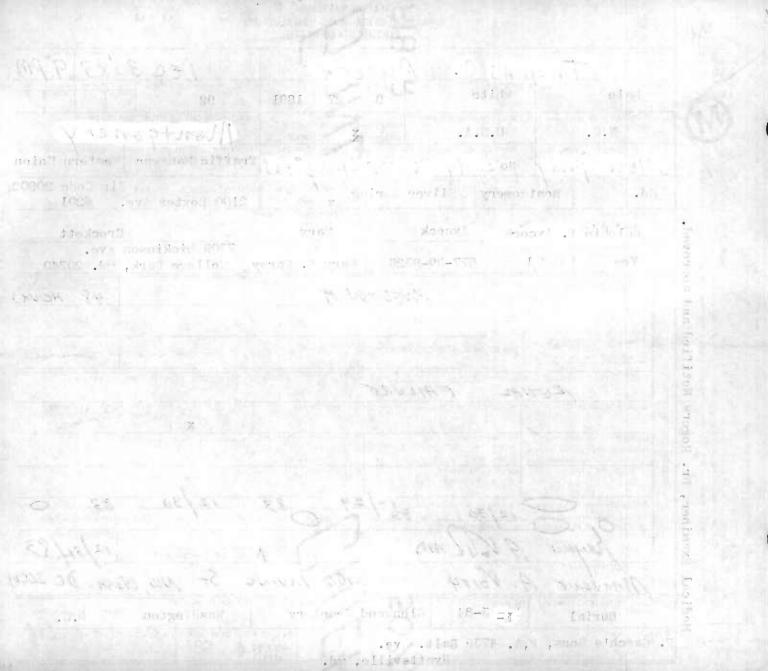
STATE OF MARYLAND STATE OF MARYLAND STATE OF MARYLAND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2a. DATE OF DEATH I. DECEASED NAME MIDDLE 7b. HOUR (TYPE OR PRINT) THOMAS A YCOCK DATE OF BIRTH Male White 1891 92 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED N.C. U.S.A. MONTGOMERY WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL C. CUPATION & 126 KIND OF BUSINESS OR Traffic Maharer Western Union Silver Spring Holy Cross Hospital SUAL RESIDENCE (IF HURSING WON OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE Zip Code 20902 Nachtgomery 3. Silver Spring Inside dity Limits? 2100 Dexter Ave. #201 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Dolphin MIDDLE Avcock Crockett Mary 166 SOCIAL SECURITY NO 17. INFORMANT 7309 Drekinson Ave. pprov (IF YES GIVE WAR OR DATES) 577-09-9326 College Park, Md. 20740 Mary E. Carev 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (3 PART I. DEATH WAS CAUSED BY: HOUR IMMEDIATE CAUSE (a). 7 an DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which ed gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Z 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK NO [YES 71a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 71e PLACE OF INJURY 211. LOCATION Dr CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM ETC) WHILE NOT WHILE 27a I certify that (I) (this hospital attended the deceased from, ner saw the deceased alive a and that in (my) (our) ppinion death occurred on the date and have and from the causes stated 27h SIGNATU DEGREE 22¢ DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 224. PHYSICIAN' YNAME (TYPE OR PRINT) 10% 73c. NAME OF CEMETERY OR CREMATORY 73d LOCATION 236. DATE 23a. BURIAL, CREMATION, REMOVAL di 3-84 Glenwood Cemetery (SPECIFY) Washington Burial 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 F. Gasch's Sons, P.A. 4739 Balts Ave. (VRA 15, 4) Hvattaville.



FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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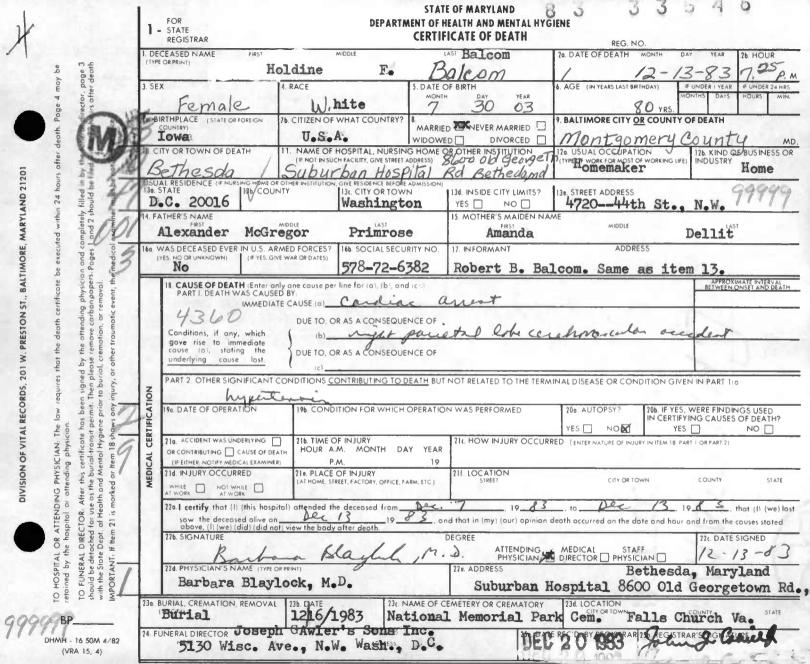
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH MONTH 2b. HOUR I. DECEASED NAME (TYPE OR PRINT) Howard McCox IF UNDER 1 YEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX 23,1923 BIACK TO. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED North Carolina USA WIDOWED DIVORCED | ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Takoma Park Seventh Day Adv. Hosp. Retired Maryland USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 GOUNTY 13c. CITY OR JOWN 13d. INSIDE CITY LIMITS? 1458 Columbia Road N.W Columbia Washington YES M NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Rogers MIDDLE MIDDLE Nettie Baines Howard 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) Fulies Baines-brother-1817 Varnum St. 8835 ves 18. CAUSE OF DEATH (Enter only one cause per line for to), (b), and to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (a), stating underlying cause M BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO T 71a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY ∞ HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET orked NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an. , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22h, SIGNATURE DEGREE ATTENDING PHYSICIAN . DIRECTOR | PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRIN 22e ADDRESS NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATI 23d. LOCATION Burra1 DHMH - 16 50M 4/B2 Stewart (VRA 15, 4)

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22a. L certify that (1) saw the deceased alive an above, (1) (we) (did) opinion death occurred on the date and haur and from the causes stated SIGNATURE 22c DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

17904 Georgia Ave. Olney, Maryland

Thomas E. Dooley, 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Maple Grove Cemetery New York City, New York Dec. 7, 1983

24 FUNERAL DIRECTOR Hysong Company 1300 N St. W. Wash. D.C.

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TO FUNERAL DIRECTOR:

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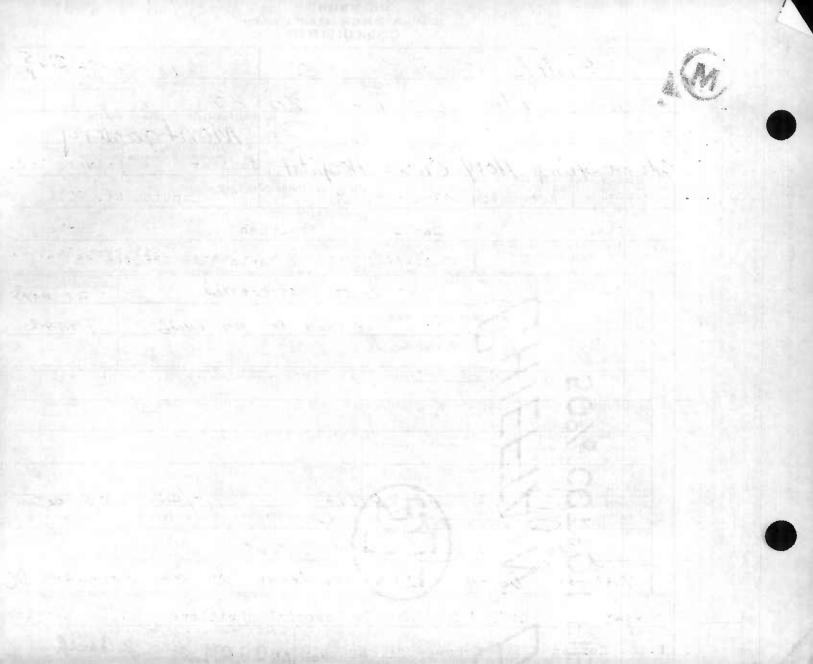
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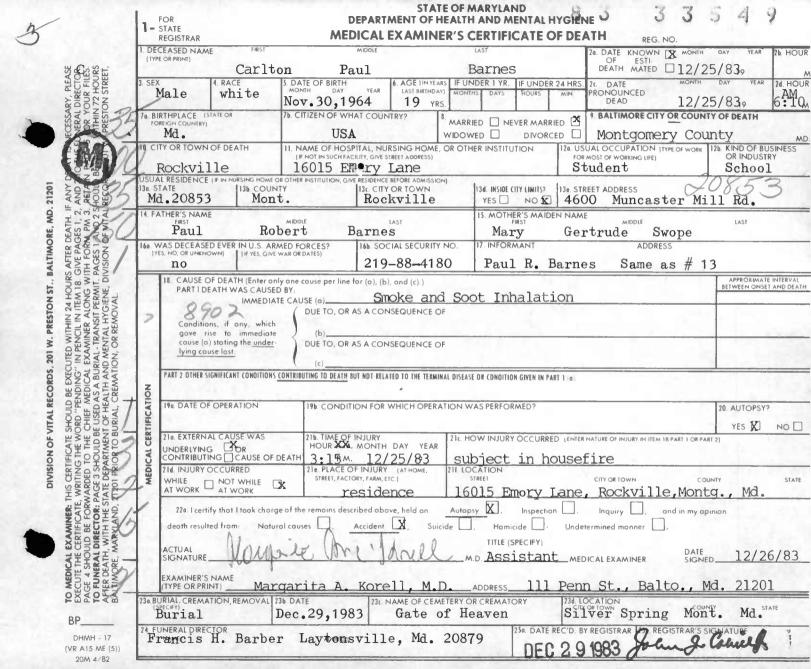
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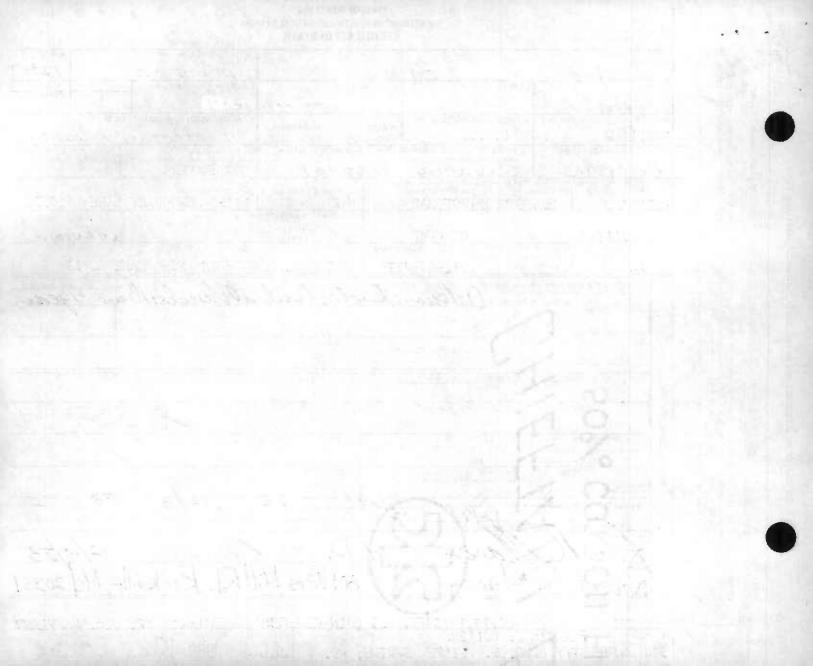
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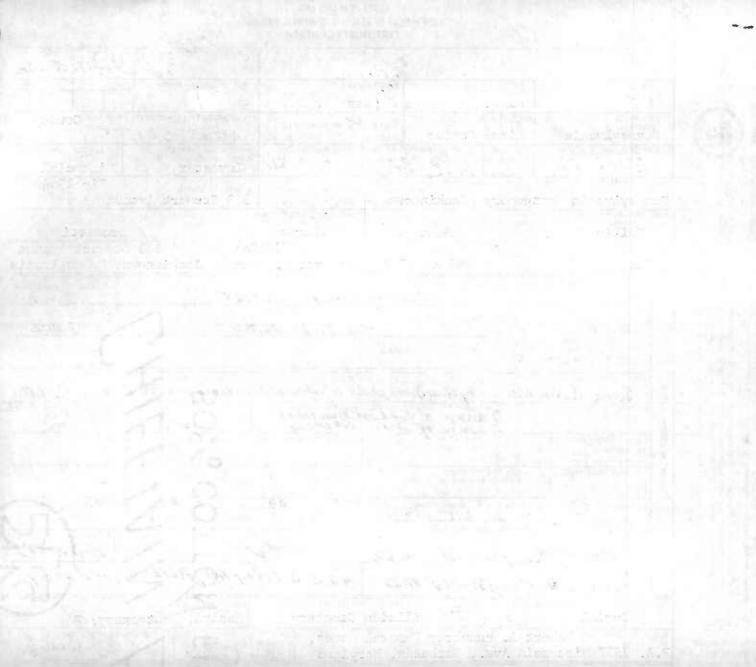
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		23	230. BURIAL, CREMATION, REMOVAL 11 DATE 230. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY	STATE
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	DHMH - 16 50M 4/82 (VRA 15, 4)		NAME FRANCIS J. CULLINSDORESS DEC. 1 5 1983	L Cowell
		-	500 UNIVERSITY BLVD. W. STLVER SPRING MD 1 DEG 1 0 1000 1	

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STATE OF MARYLAND

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STATE OF MARYLAND



6/10	FOR STATE REGISTRAR		DEPARTMENT OF	FEOF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 S	3 3 3	5 0
oy be death		ENCE	H. BENN			3	26. HOUR 2/3AM IF UNDER 24 HRS
4 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Male	White		of Birth 23 1906	77	MONTHS DAYS	HOURS MIN.
death. Page	7a BIRTHPLACE (STATE OR FOREIG	U.S.	WIDOW		9. BALTIMORE CITY OR	enp	MD.
by the filled with	Rockville	SHADY	HOSPITAL, NURSING HOME CH FACILITY, GIVE STREET ADDRESS) GROVE AD	VENTIST-HOS	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Standards	WORKING LIFET INDUSTRY	Specs. &
AND 212 filled in nould be	Md.20816 0	ntgomery	13t. CITY OR TOWN Bethesda	YES NO	13e.STREET ADDRESS / 5202 Falmou		5/6
completely and 2 sh	(Unknown)	WIDDLE	(Unknown)	(Unknown)	MIDDLE	(Unknov	wn)
IMORE,	160. WAS DECEASED EVER IN U. (YES NOOR UNKNOWN) (IF Y	S. ARMED FORCES? ES, GIVE WAR OR DATES]	166. SOCIAL SECURITY NO. 577-30-4731	Dorothy G.	Bennett. Sa	me as item]	13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours ottending physician and completely filled in butter this certificate been signed by the attending physician and completely filled in but as the burial-straint permit. Then please remove carbon papers: Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. orked or Item 18 stays any injury, or other traumatic event, the medical explined missiblem.	Conditions, if any, whis gove rise to immedia cause (a), stating the underlying cause late PART 2 OTHER SIGNIFIC	DUE TO, CO The Conditions Co ANT CONDITIONS CO ANT CONDITIONS CO TO THE CONDITIONS C	OR AS A CONSEQUENCE OF STAPH ON TRIBUTING TO DEATH BU	SEPSIS T NOT RELATED TO THE TER.	minal disease or cond	REST 2	
SSPITAL OR ATTENDING by the hospital or UNERAL DIRECTOR. ON Broad of the State Dept. of Heal RTANT: If Item 21 is m	190 DATE OF OPERATION 12 1183 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE 116 EITHER, NOTHY MEDICAL EX 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220.1 Certify that (I) (thus sow the deceased oil above, (i) (was) ided (c) 22b. SIGNATURE 22d. PHYSICIAN'S NAME	Remover State Place Plac	OF INJURY .M. MONTH DAY YEAR .M. 19 OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) he deceosed from	211 LOCATION SIREE 211 LOCATION SIREE 211 LOCATION SIREE ATTENDING PHYSICIAN 22e ADDRESS	CITY OR TOW	te and hour and from the	STATE that (I) (PC) lost causes stated SIGNED
Bb————————————————————————————————————	230 BURIAL, CREMATION, REMO	23b. DATE 12/19	9/1983 Cedar 1	CEMETERY OR CREMATORY	236. LOCATION	Maryland.	
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR JOS		w Wash DC		TE REC'D. BY REGISTRAN	PRESISTRAN SENSON	welf

77 1220 X o manufacture and a contraction ספינ בוונף o d'un f o f PE. COSSÉ "fonderors y (nonin (m on - mo m) El moi an onde. . sannet . Demons it it al 1/1/1 Ceder Hill Commony suitland Laryland. comond had or to some Inc. old inc. ve., N. . whe, a.v.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME KNOWN X MONTH 2b. HOUR 2a. DATE (TYPE OR PRINT) BILLY JOE DEATH MATED 19 83 BENTLEY 4. RACE IS DATE OF BIRTH SEX 6. AGE (IN YEARS IE LINDER 24 HRS DATE 2d HOUR LAST BIRTHDAYL NOV. 29,1983 PRONOUNCED 11:45 MALE WHITE DEAD 19 83 TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY! DIVORCED WIDOWED [Md. USA Montgomery County ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) N/A Shady Grove Adventist Hosp. SHOULD BE Rockville (DOA) N/A 136 COUNTY 13e. STREET ADDRESS 23000 13d. INSIDE CITY LIMITS? River Road Md. 20842 NO K Mont Dickerson 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AND 2 MIDDLE LAST Robert Bentley Leona Mowell 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. PAGES 1 1 (IF YES, GIVE WAR OR DATES) Same as # 13 None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Sudden Infant Death Syndrome IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF A BURIAL - TRANSIT Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ARITION
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ATE DEPARTMENT OF HEA
ATE DEPARTME 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔀 NO [] 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME 21f. LOCATION PAGE 4 SHOULD BE FORWARDER TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BAUTINORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.I STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a, I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Natural causes Hamicide ___ Undetermined monner TITLE (SPECIFY) ACTUAL DATE 12-23-83 Assistant MEDICAL EXAMINER SIGNATURE Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Laytonsville Dec.24,1983 Laytonsville Mont. Md. Burial BP 250. DATE REC'D. BY REGISSMAR 1256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR FRANCIS H. B ARBER LAYTONSVILLE, MD. 20879 **DHMH - 17** (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH 2h HOUR L Benton December 25, 1983 9:00a M 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH January 18, 1918 White 65 9 BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Montgomery County WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 5900 Lemay Rd. Rockville, Md. Ret. Carpenter 13e. STREET ADDRESS 5900 Lemay Road Rockville 134. INSIDE CITY LIMITS? Montgomery YES X NO [15 MOTHER'S MAIDEN NAME Benton MIDDLE Ric hey May 166 SOCIAL SECURITY NO. 17 INFORMANT Judy Grimes 193-10-4133 12800 Leahy Drive Rockville, Maryland

	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE C		Fibrillafin		APPROXIMATE INTERVAL BETWEEN ONSEL AND DEA
	Conditions, if any, which gove rise to immediate	DUE TO, OR A A CONSEQUENCE OF	Tochen ; a		mules
	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	et Discus		ycers
N 0	PART 2. OTHER SIGNIFICANT COM Multiple P	ELECTIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART TO
TIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} NO \(\begin{array}{c} \ext{NO} \\ \ext{D} \\ \ext{NO} \\ \
CAL CER	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	(IN ITEM 18, PART 1 OR PART 2)
MEDIC	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN COUNTY STATE
	sow the decensed alive on A	attended the deceosed from 1983, or			te and hour and from the causes stated

TO FUNERAL DIR should be detach with the State Det 23a BURIAL, CREMATION, REMOVAL Burial 12-28-83

22h SIGNATURE

PHYSICIAN'S NAME (TYPE OF PRINT)

Dr. Harris M. Kenner

FOR STATE

SEX

REGISTRAR

Male

70. BIRTHPLACE (STATE OR FOREIGN

O CITY OR TOWN OF DEATH

Md.

160. WAS DECEASED EVER IN U.S. NO OR UNKNOWN)

Pa.

Rockville

OSUAL RESIDENCE

14 FATHER'S NAME

Emanuel

DECEASED NAME

FIRST

136 COUNTY

MIDDLE

4. RACE

Charles

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

220. ADDRESS

Gate of Heaven Cemetery Silver Spring

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Md. Mont.

22c. DATE SIGNED

12-25-83

^{14 FUNERAL DIRECTOR} Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Maryland20852

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/B2 (VRA 15, 4)

MPORTANT.

JAN 3

10401 Old Georgetown Rd. Bethesda, Md. 20814

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8 6	A		STATE REGISTRAR			DICAL EXAMIN		ERTIFICATE OF	DEATH	REG. NO.		
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43.5	SESE SESE	3. SEX	4. RACE		5. DATE OF BIRTH	6 AGE (IN YE YEAR LAST BIRTHE	ARS IF UN	M. Committee		MONTH	DAY YEAR 2	HOUR
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	PASE HA	7a BI	RTHPLACE (STATE OR REIGN COUNTRY)		76. CITIZEN OF WI	MATCOUNTRY?	8 MARRI	ED NEVER MARRIE	BALTIMO	RECITY OR COUNT	₩OF DEATH	
9	SHAW A	10.0	Georgia TY OR TOWN OF DEA	Th.	U.S.	A. SPITAL, NURSING HOM	WIDOW		120. USUAL OCCUPA	unds	12h. KIND OF BUSH	MD.
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21201 ANY D	AND 3		TATE ML	36. COUNT	TOTHER INSTITUTION, GI	130. CITY OR TOWN	ulle	134 INSIDE CITY LIMITS?	STREET ADDRES	Bzu	2085 er by	3
MO.	Zana Z	14. F/	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN	I NAME MID	DLE	LAST	
OFAT	STATE OF L		John		A	Freema		Elizabeth		2-6	White	
ALTIMO	A GEST	16a. V	vas deceased ever i es, no, or unknown) NO	N U.S. ARM (IF YES, GIVE W		260-07-404		7617 War	lter J. Bei bler Lane	rgman Derwood,	Md. 208	55
PRESTON ST., E	ENCIL IN ITEM 18. G MINER ALONG WITH TRANSIT PERMIT. PA INTAL HYGIENE, DIVI OR REMOVAL.		PART I DEATH WA	AS CAUSED IMMEDIATE	E CAUSE (a) DUE TO, OR	for (o), (b), ond (c).) C AS A CONSEQUENCE	S &	Myo	eldis	l Disi	APPROXIMATE INT BETWEEN ONSET AN	ERVAL D DEATH
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NOFV	MEN BEN BEN BEN BEN BEN BEN BEN BEN BEN B	AL CERT	210. EXTERNAL CAUS	R		MONTH DAY YEA	21c HC	OW INJURY OCCURRED	(ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PAR		2.0
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2	BE FOR ECTOR: ITH THE STAND, YLAND,		22s I certify that I death resulted fram:		of the remains des	scribed above, held an	Autap	sy . Inspection	Inquiry [and in my op	ກາດກ	
	THE CERT SHOULD ERAL DIRE ATH, WIT	-	ACTUAL SIGNATURE	R	POS	gen,	м	D. TITLE (SPECIFY)	MEDICAL EXAMI	DATE NER SIGNE	Dec 29/9	23
Sept.	GE CUTE		EXAMINER'S NAME (TYPE OR PRINT)		S. Rogers			TO DITE OUT		d. Silver S	pring, Md	
7	BP	(:	urial, cremation, re Cremation	1	2/31/83	23t. NAME OF CE Cedar Hi	ll Cr	ematory		Maryland		
(\	DHMH - 17 /R A15 ME (5))	24 F	NAME TYSO 1331 RO	n Whe	eeler Eun e Pike Ro	eral Home, ockville, Ma	Inc. rulan	market and an arranged		256 REGISTRAR'S S		
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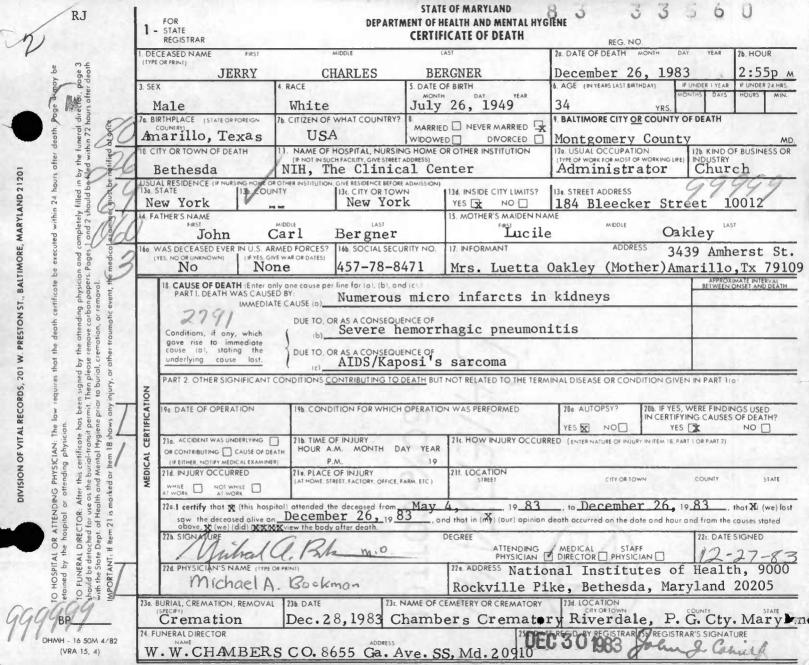
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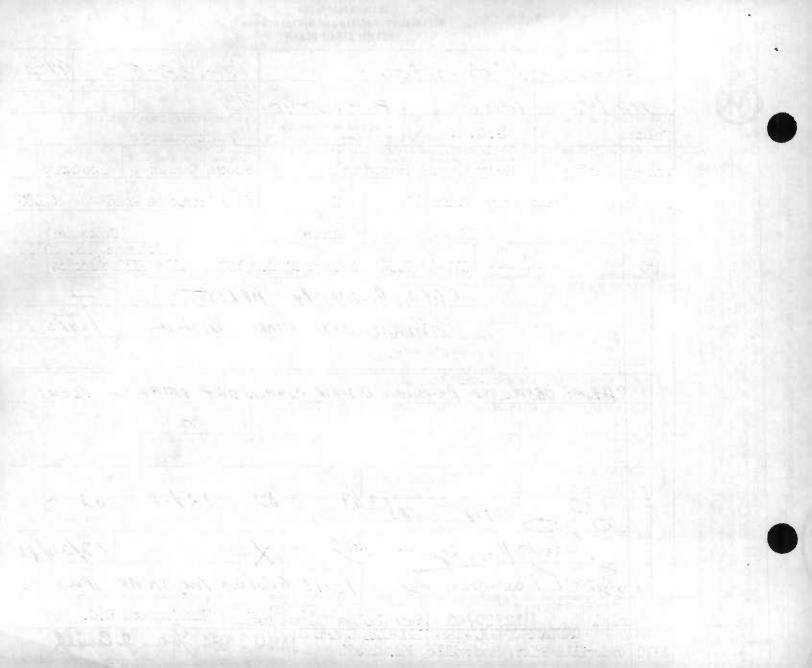


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FOR - STATE

(VRA 15, 4)

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

EG. N	0.			
ATH	MONTH	DAY	YEAR	26 HOUR
er	24,	19	983	2:30p
LAST BIR	THDAY)	IF UN	DER 1 YEAR	IF UNDER 24 HRS

		REGISTRAR			CEICITI	TEATE OF BEATTI	REG, NO).		
-		CEASED NAME FIRST	77	MIDDLE	- 111	LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
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	3. SE)		4. RACE			OF BIRTH	6. AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	
	1	Female	Whit	e	Mar	ch 27 1910	73	YRS.	MINS DATS	HOURS MIN.
	7g. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY OF	R COUNTY C	F DEATH	
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1		TY OR TOWN OF DEATH Lney		H FACILITY, GIVE STREET		or other institution	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewife	E WORKING LIEF		
		AL RESIDENCE (IF NURSING HOME OF					F nousewife		1101	ine
5	13a S	Md. Mont		Gaithers	N	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 24105 Newbu	ıry Roa	ad 20	0879
-	14. FA	Thomas	J.	Ball		Pearl Pirst	ME MIDDLE		Runn	er er
1		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE			
	()	YES, NOOR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	232-54-70	079	Marlene Bond	24105 Newbu	iry Rd.	. Gaith	hersburg 20879
		18 CAUSE OF DEATH (Enter or	nly ane cause per	line far (a), (b), and	d (c).)					CIMATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	condi	(TV-	morest				
		477 MMEDIA					A STATE OF THE STA			
		Conditions if any which	1	R AS A CONSEQUE	NCEOF					
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		cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	NCE OF	i Leont duran	Me		10.0	
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6	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDI	
1	F						IN CERT		TIFYING CAUSES OF DEATH?	
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1		OR CONTRIBUTING CAUSE OF DE	111	M. MONTH DA		Control of the				
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	21e. PLACE	M. OF INJURY	19	21f LOCATION				
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	1	220.1 certify that (I) (this hasp	tal) attended th	a daranted from		10		16		about to a bloom
		saw the deceased alive an		le deceased fram	0	nd that in (my) (aur) apinion o	death accurred on the do			that (1) (we) last
	100	abave, (I) (we) (did) (did no	t) view the body	after death.		DEGREE	and the de	TO GIVE HEET O	22c DATE	
	1	In signature	ner 2 1	bert		MY ATTENDING	MEDICAL STAF		12/	24/83
		226. PHYSICIAN'S NAME (TYPE C	OR PRINT)			22e. ADDRESS	01 11		1	2.1
			Hecht			Montgomery	General He	Sp Of	nen	Ma
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF	CEMETERY OR OREMATORY	23d. LOCATION			
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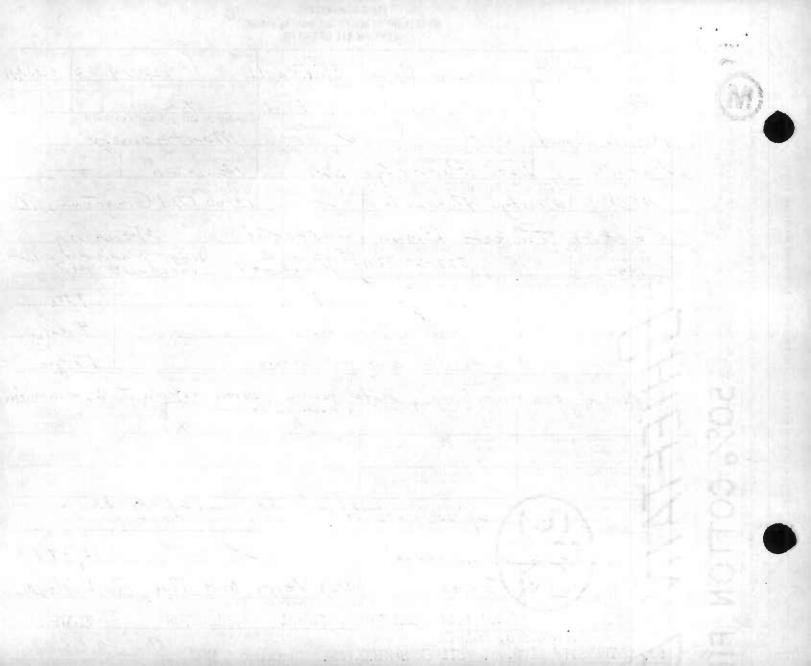
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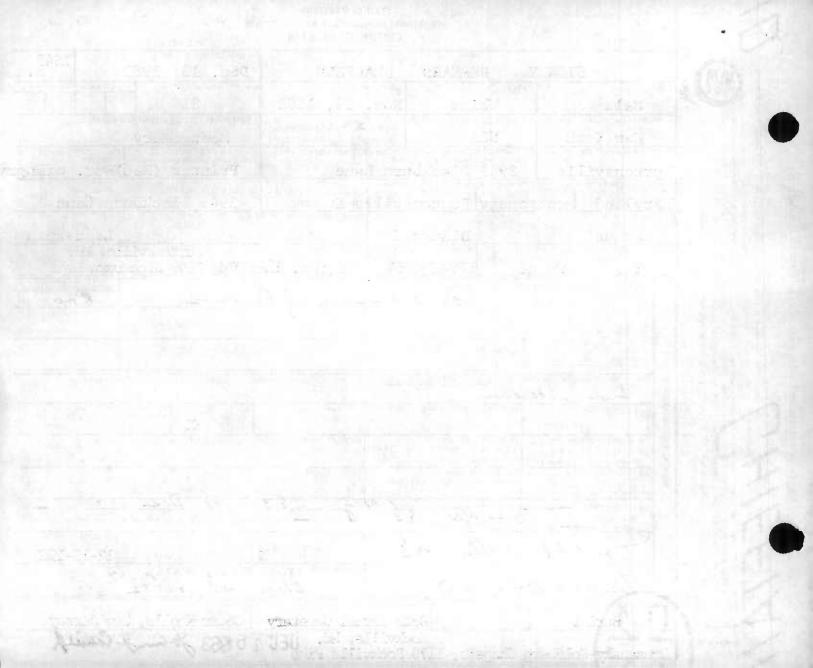
^{24 FUNERAL DIRECTOR} Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Maryland 20852

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	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	3 3 6 4
	1. DECEASED NAME ESTELLE (TYPE OR PRINT) ESTELLE ESTELLE AND B. BLACKWELL 20. DATE OF DEATH MONTH 12-	DAY YEAR 26. HOUR 29 43 5:80 A
M)	J. SEX J. RACE S. DATE OF BIRTH MONTH DAY YEAR (IN YEARS LAST BIRTHDAY) Female Caucasian Dec 9 1891 92 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
or or or or		nery MD
1 CC	Bockvitle 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (1YPE OF WORK FOR MOST OF WORKING L. 1400). 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING L. 1400).	IFE) 126. KIND OF BUSINESS OR INDUSTRY
35	136. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS 136. STATE 137. CITY OR TOWN 138. INSIDE CITY LIMITS? 138. STREET ADDRESS 138. STREET ADDRESS 138. STREET ADDRESS 148. FATHER'S NAME 15. MOTHER'S MAIDEN NAME	earge town, RO
ompletel Land 2	Ezekiel Tucker Brown Certherine Middle Me	Anning
on and c	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 11605 F	ite md.
nding physici corbonpapei , or removol.	18. CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Out TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
by the otter ose remove o I, cremotion, other troum	Conditions, if any, which gove rise to immediate couse (a), stoting the underlying couse lost. (b) Carelral Infantion. DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost.	12 mg
been signed imit. Then plec prior to buriol ony injury, or	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI According to the second of	VEN IN PART 110 May + Manufu S, WERE FINDINGS USED IFYING CAUSES OF DEATH?
ransit per Hygiene 18 shows	YES NO X Y 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 210. CONTENSIVENCE OF DATA HOUR A.M. MONTH DAY YEAR	ES NO
After this certifies os the burial-toolth and Mental morked or Item	WHILE NOT WHILE OF NOT WHITE OF NOT WHILE OF NOT WHITE OF	COUNTY STATE
for us of He 21 is	22a.1 certify that (1) (this hospital) attended the deceased from	
the hos all DIRECT detoched that Bept.	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT) 220. ADDRESS 220. ADDRESS	127 29/83
MPORTAN	Stephen N. Jones 809 Veirs Mill Rd	Rockville, MD
	230. BURIAL 23b. DATE JAN. 2, 1984 ARLINGTON NATIONAL 23d. LOCATION ARLINGTON	VIRGINIA
IMH - 16 50M 4/B2 (VRA 15, 4)	24. FUNERAL DIRECTOR FRANCIS J. COLLINS, DORESS 500 UNIVERSITY BLVD., W. SILVER SPRING. MD.	2 Cabrell





FOR - STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGTENE

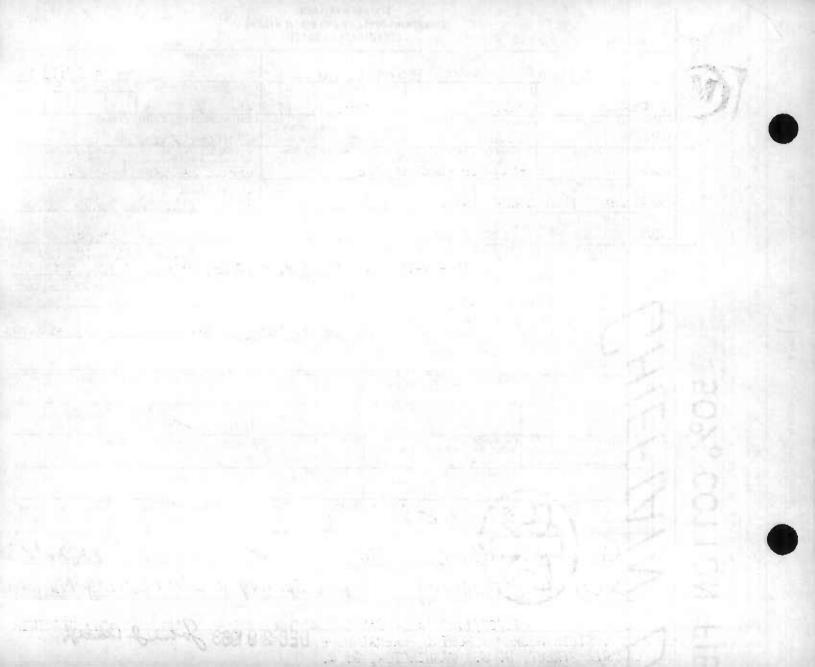
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Hobert C. huile, N.O. Sloo Misc. Avo., . . mah., D.O. articl 12/17/1983 Tt. Iincoln Cenetary Brentwood Haryland Joseph Erler's Jone Inc.

STATE OF MARYLAND

Mary Resident

N	الايام. الايام.	1	FOR STATE REGISTRAR	DE	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		3 3 REG. NO.	2	U
90	TAT		CEASED NAME FIRST E CO PRINT) E THE	AIDDLE 4 RACE	BOLLS. DATE C	F BIRTH	26. DATE OF DE	EATH MONTH	15 833	. 10 P M FUNDER 24 HRS HOURS MIN.
4 90	I.	L	FEMALE	WHITE	DECEM			74 YRS.		OURS MIN.
	uneral hin 72	CA	IRTHPLACE (STATE OR FOREIGN COUNTRY) NADA	CANADA	MARRIE		MONTGO	MERY COUNTY	ITY	MD.
201	by the filed wit	Bł	THESDA	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GR	RSING HOM			CUPATION or most of working Lif MANAGER	126. KIND OF E INDUSTRY GARMEN	
MARYLAND 2120	y filled in) 13a. MA		NTY 13c. CITY C		13d INSIDE CITY LIMITS? YES NO 1		dress <u>BILLINGTO</u>	N ROAD	20904
, MARY	completel und 2 i	DA	ATHER'S NAME VID		STEIN	SARAH		ADDRESS	BROOKS	
BALTIMORE, MA	an and c	NO	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	34-1241 A	SUSAN B.	HOFFMAN,	72825 BI SILVER S	PRING. M	ROAD IARVLAND ISE INTERVAL SET AND DEATH
RDS, 201 W. PRESTON ST., BAL	the attendi remove cor emation, or er troumot	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON (b) Aden DUE TO, OR AS A CON (c) (c)	NSEQUENCE OF	iona af In	3	Tastatic DR CONDITION GIV		M ontes
AI RECO	has been it permit.	CERTIFICATION	19a date of operation	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPS YES N	IN CERTIF	S, WERE FINDING FYING CAUSES OF	S USED F DEATH?
DIVISION OF VITAL RECORDS,	certificate urial-transi Aental Hygi	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A.M. MON	TH DAY YEAR	216. HOW INJURY OCCUI	RRED (ENTER NATUR	E OF INJURY IN ITEM T8 P	PART T OR PART 2)	
	os that or the	MEC	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,		STREET		ITY OR TOWN	COUNTY	STATE
	ospital o ECTOR: A ed for use it af Hea im 21 is m		22a. I certify that (I) (this hosp sow the deceased alive a above (I) we) (did) and n 22b. SIGNATURE		09 <u>83</u> , or	d that in (my) aur) apiniar	. 10		er and from the cau	
MAI OF	4 14 9 1		224 PHYSICIAN'S NAME (TYPE	Juldberg	M	ATTENDING	MEDICAL DIRECTOR	STAFF PHYSICIAN [1276. DATE SIG	26/83
TISCH OT	0 - 0 + 0 //	22-	Deborgh	B Goldber		1106 Spri		SilverSi	oring 1	taryland
10.72	BP	BU	burial, cremation, remova (specify) RTAL	12/27/1983	KING DA	EMETERY OR CREMATORY UTD_MFMORTAL	23d. LOCATION CITY OR	OALLS CH	COUNTY	STATE RGINIA
DHA	NH - 16 50M 4/82 (VRA 15, 4)	23	NALDOMETSTEIN H 2 CARROLL STREE	T. N. W. WAS	MessFUNERA SHINGTON.	L HOME DEC 2	9 1983	James	- landly	



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	FOR STATE REGISTRAR	DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. NO.	3 5 7 2					
• m=	1. DECEASED NAME FIRST	ORENCE M.	BROOKS	20. DATE OF DEATH MONTH	22 83 935 A					
e 4 moy be ctor, page 3 s after death	3. SEX Female	4. RACE 5. DA	ATE OF BIRTH MONTH DAY YEAR 5 30 99	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS					
nerol dire	70. BIRTHPLACE (STATE OR FOREIGN New York)	7b. CITIZEN OF WHAT COUNTRY? 8.	ARRIED NEVER MARRIED DOWED DIVORCED	MONTGOME	NTY OF DEATH					
by the fulled with	BETHESDA		SPITAL	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Retired Cle)						
filled in hould be	ma 11	NE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISS QUINTY 13c. CITY OR TOWN WATGOMEY BOTH	13d INSIDE CITY LIMITS? YES P NO 15 MOTHER'S MAIDEN NA	13e. STREET ADDRESS 10290 West-L	alie Dr. 20034					
mpletel ond 2 s	Richard	Whalley	Ánnie	MIDDLE E	Hatcher					
Poges 1 c	160. WAS DECEASED EVER IN U.S.		NO. 17 INFORMANT Roland Brook	ADDRESS s 11405 Hounds	20852 Way, Rockville, Md.					
requires that the death cein signed by the attending. Then please remove corbon to burial, cremation, or try injury, or other troumatic.	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICAL	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.								
The low cion. e hos be sit permit giene prid	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPER		YES NO NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO					
this certificate buriol-transition of Mentol Hygist	OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	FDEATH HOUR A.M. MONTH DAY Y	19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEN	COUNTY STATE					
attenbing rospital or off ECTOR: After ed for use as t of Health o	AT WORK AT WORK	ospinal ottended the deceased from 200	_, and that in my (our) opinion	death occurred on the date and	2, 19 33, that (I) (we) lost hour and from the couses stated					
O HOSPITAL OR etoined by the h	James E	Wilsonh E. Wilson, JR. W.	MA ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN D	12/23/83 Partiille 11/1 20855					
Bb To of w W W W W W W W W W W W W W W W W W W	230. BURIAL, CREMATION, REMO	VAL 236 DATE 23c NAME	of CEMETERY OR CREMATORY imore National C	234 LOCATION Cemetery, Baltin	nore, Maryland					
HMH - 16 50M 4/B2 (VRA 15, 4)	24. FUNERAL DIRECTOR WI 1331 Rockville	neeler Funeral Home, Pike Rockville, Md.	Inc. 20852 DE	C 3 O 1983	GISTRAR'S SIGNATURE					

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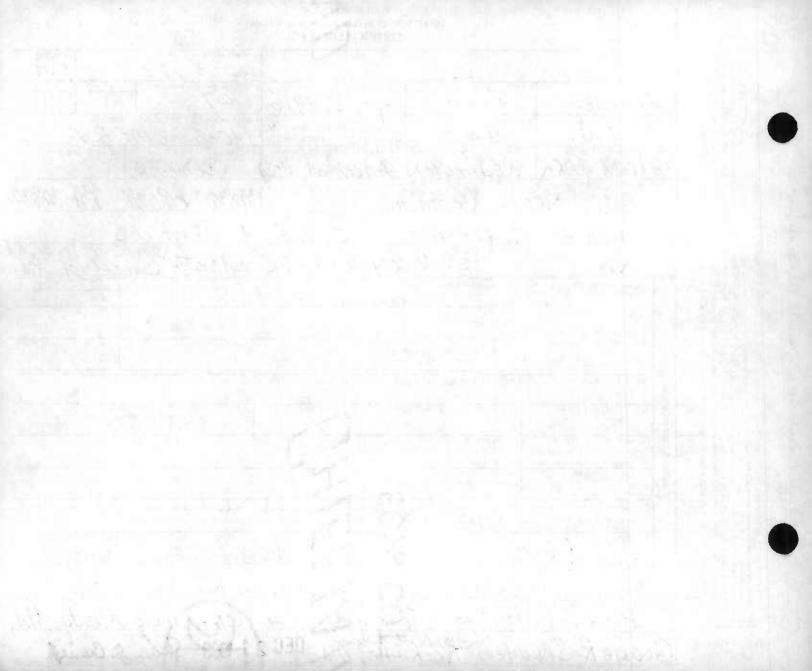
100	1.	FOR - STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND FEALTH AND MENTAL HYC FICATE OF DEATH	GIENE S	. 3 S	/ 3
(M)		E OR 00#-11	CHARLES	RANDALL BRO		AST	DECEMBER 8		26. HOUR 1:20 PM
1 5 8 6	3. SE		4 RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE	EAR IF UNDER 24 HRS
ge 4		IALE		CASIAN		BER 13 1899	83	YRS.	
erol di		IRTHPLACE (STATE OR FORE COUNTRY) ABAMA		NOF WHAT COUNTRY?	MARRIE WIDOW	D X NEVER MARRIED D	9 BALTIMORE CITY OF		1
by the fur	10 C	ITY OR TOWN OF DEATH BETHESDA	11. NAM	NE OF HOSPITAL, NURSII T IN SUCH FACILITY, GIVE STREE NAVAL HO	NG HOME (ADDRESS) OSPITA	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF RETIRED	ON 126. KIN F WORKING LIFE) INDUST	D OF BUSINESS OF
filled in hould be	WA	AL RESIDENCE IN NURSING SLAJE SHINGTON,	OUNTY	TUTION, GIVE RESIDENCE BEFOR 136, CITY OR TOV		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / 4000 MASSA		GGO16 VENUE NW
ompletely ond 2 s		ROBISON B		LAST			A SEED		IAST
on ond co		WAS DECEASED EVER IN (YES, NO OR UNKNOWN) YES	U.S. ARMED FOR FYES. GIVE WAR OR D. 1917-196	ATEST		ELEANOR G. B	ROWN 4000 MA		TS_AVENUE
uires that the death signed by the attend so please remove co burial, cremation, o	z	Conditions, if ony, wigove rise to immed couse (o), stoting underlying cause I	hich () iote the lost.	TO, OR AS A CONSECT	FASCI IS LNCE OF	NOT RELATED TO THE TERM			T Ito
he low req on. hos been t permit. The ene prior the	CERTIFICATION	190. DATE OF OPERATION	N 19b. (CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES X NO	206. IF YES, WERE FIN IN CERTIFYING CAUS	
SICIAN: The physicio certificate hricol-tronsit i entol Hygie them 18 show	/ 1	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HO	IME OF INJURY UR A.M. MONTH D P.M.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	2}
uG PHYSICI ottending I ter this cert is the buriol h and Menticked or Item	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	[AT H	PLACE OF INJURY OME, STREET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TOV	NN COUNTY	STATE
ATTENDING PHYSICIANs assisted or ottending physicial or ottending physicial (STOR, effect this certifical drouge as the buriol-tron to defect the model of them 18 s morked or term 18 s		220.1 certify that (1) (the sow the deceased cobove, (1) (did	olive on DEC	EMBER 8 19		BER 2 19 83 nd that in (my) (our) opinion	to DECEMBER death occurred on the do		, that (I) (we) los the couses stated
AL OR the hold letocher of Deporter of the Tr. If then		27h. SIGHTURE	215	20			MEDICAL STAF	FIAN 9	DC 83
etoined by TO FUNER. Should be with the Sto		B.C. DAVIS		C,USNR		NATIONAL CAP	L HOSPITAL, ITAL REGION,		
998P99		BURIAL, CREMATION, REALISECTED	12 / 12	12/83 1	NAME OF O	EMETERY OF CREMATORY AL HCADEM	23d POCATION GITY OF JOWN	oolis coupy	A MD.
DHMH - 16,50M 4/83 (VRA 15, 4)	74 F	WLOR FUNE	RAL CH	SOEL ANY	Mpo	is MD. DE	E REC'D. BY REGISTRAN	REGISTRAPS SIO	ewelf.

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	Ŀ	FOR - STATE REGISTRAR				ARTMENT OF I	E OF MARYLAND BEALTH AND MENTAL HY CICATE OF DEATH	GIENE 8 3	NO.	3 5	7 5
		CEASED NAME E OR PRINT)	Herman		S.	BRO	NN	Decembe		983	6:25
no	3. SE	x Male	4 R	Whit	e	5. DATE O	26,1896 YEAR	6. AGE (IN YEARS LAST	BIRTHDAY) YRS.	IF UNDER 1 YEAR	IF UNDER 24 H
B	70 B	IRTHPLACE (STATE OR FO	OREIGN 7b (U.S.	WHAT COUN	TRY2 8	NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	County,	194
100	10 C	Mt. Airy	TH 11.	NAME OF H	HOSPITAL, NU	IRSING HOME	DR OTHER INSTITUTION	126 USUAL OCCUP (TYPE OF WORK FOR MO)			of Business of
12	130.	laryland	NG HOME OR OTH 136 COUNTY Montge		130. CITY OR Mt.A	TOWN	13d INSIDE CITY EIMITS?	13e STREET ADDRES 28715 R		Rd. 2177	'1
150		Joshua		V .	Brow		15. MOTHER'S MAIDEN NA Laura	AME		Moxleÿ	ST
medica	160	WAS DECEASED EVER II	(IF YES, GIVE WA		11111111	2-1267	Delma V.		Item	13	
ws any injury.	MEDICAL CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YI	ES, WERE FINDI	NGS USED S OF DEATH?
or Item 18 sho		210. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	AUSE OF DEATH AL EXAMINER)	21b. TIME OF HOUR A./ P./ 21e PLACE O	M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCUR	YES NO		/ES	NO 🗌
1 is marked o	W	while NOT WHILE AT WORK 220.1 certify that (I) (saw the decease	this hospital)	ottended the	e deceased fro	om 10/1	STREET 19 14 that in (my) (and apinion	to	29	. 19 3 ,	that (I) (
NNT: If Item 2		22b. SIGNATUTE	ME (TYPE OR PRIM	P. Z	grande de ath.		DEGREE	MEDICAL S		22c. DATE	
IMPORTANT: IF		Jam	es P. I	Kerr,			26618 Ridg	e Rd., Dam	ascus,	Md. 20	872
		BURIAL, CREMATION, R	I	Dec.31	,1983	Montg	emetery or crematory omery Meth.	23d LOCATION CITY OF TOWN Damasc	us, Mo	ntgomer	y, Md.
1/81	24 FI	Olin L. Mo	leswort	th, P.	A., Det	Mascus,	Md. 250. DA	REC'D. BY REGISTRA			URE .

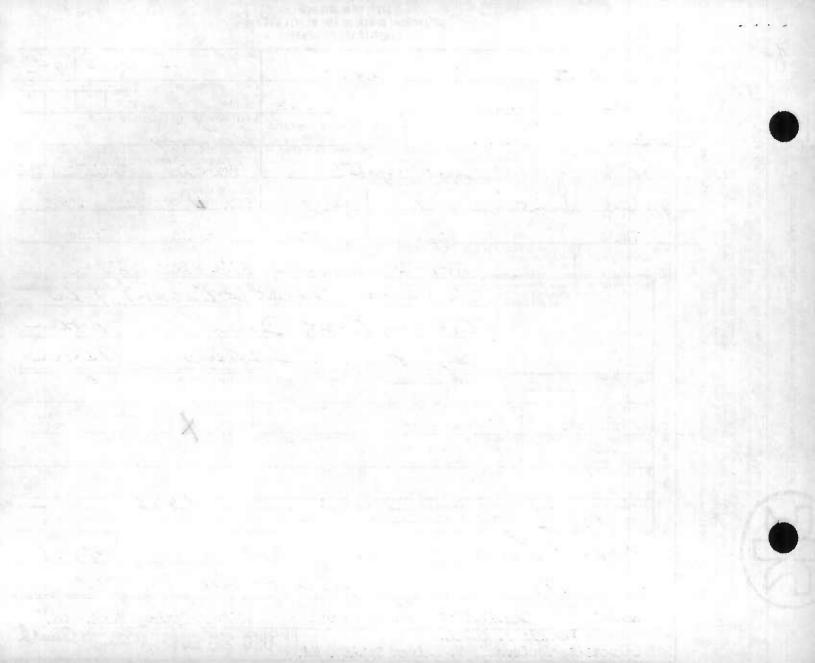
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5	1 -	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 3	3 5 7 6
e e e e e e e e e e e e e e e e e e e		CEASED NAME FIRST MACCO	MIDDLE	Brown	12/13 183	DAY YEAR 26 HOURS
ge 4 may	3. SE	Female	B/ACK	Sept. By 1976	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER) YEAR IF UNDER 24 HRS
death. Page		RTHPLACE (STATE OR FOREIGN	16. CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	MONT GOD	NERY MD.
- 1 4 4 4 1 -	TH	KOMA HARK	WAShingto	N Aquentist HO	12a USUAL OCCUPATION (TYPE OF WORKFOR MOST OF WORKING	LIEE) 126. KIND OF BUSINESS OR INDUSTRY
MARYLAND 2120 red within 24 hours ampletely filled in h and 2 should be in	USU, 13a. S	AL RESIDENCE (IF NURSING HOME OR TATE)	OTHER INSTITUTION GIVE RESPONDED BY	FORE ADMISSION) OWN 13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS BRIT	K Rd. 20874
	14. FA	THER'S NAME FIRST FIRST FIRST FIRST	BROW.	15. MOTHER'S MAIDENN FIRST Dessie	H. Jenki	is LAST
AOR exe		VAS DECĒĀŠĒD ĒVĒR IN U.S. AR VES, NO GRUJKNOWN) [IF YES, GIV	MED FÖRCES? 166. SOCIAL S (E WAR OR DATES) 2/8-2	0-2094 Dorothy Di	Sney (Sister)	615 Frederick Rd.
201 W. PRESTON ST., es that the death certific ned by the attending ph please remove carbanp urial, cremation, ar remo	7	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	D BY: IE CAUSE (0) DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c)	OUENCE OF	RECTUM RMINAL DISEASE OR CONDITION G	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH VEN IN PART 110
RECO low re low re bs been epripries	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{YES} \)
DF VITA Physici physici rificate sufransi ral Hygi m 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19	URRED (ENTER NATURE OF INJURY IN ITEM 18	3 PART I ORPART 2)
DIVISION C DING PHYSK or attending After this cer e as the burn oith and Men marked ar the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TEND utal principal ror use or use of Heal		220.1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no	10 110	00	on death accurred on the date and ha	, 19 3, that (I) (we) fast aur and fram the causes stated
OR he		22h SIGNATURE	Buc	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be det with the State limport ANT:		VIELLAND	- BEACE	120. ADDRESS 1600 CAV	0100 - 10.0	oup Pany
BP		SPECIFIC REMATION, REMOVAL	12-17-83	JOHN WESLEY CO	m. Clarksburg	Monty Md.
DHMH - 16 50M 4/B2 (VRA 15, 4)	G	eoige R. Sno	unden Roe	Kulle, Md. DEC	2 1 983	2. Comies



ערשטשוושט ובן נשווי וופ. לי זיי ברו 205 " Washington st.

	1 -	FOR STATE REGISTRAR			DEF	PARTMENT O	ATE OF MARYL FHEALTH AND TIFICATE OF I	MENTAL HYG		3 3 eg. No.	3 /	8
8: :: 1		CEASED NAME OR PRINT)	FIRST		Ines	B	u.e.s.D		20. DATE OF DE	ATH MONTH	19 - 83	26. HOUR
	3. SE			4. RACE Caucasi			E OF BIRTH	YEAR 2.3	6. AGE (IN YEARS	LAST SIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
40 to 127		RTHPLACE (STATE OR COUNTRY)	FOREIGN	76. CITIZEN OF	WHAT COUN	MARI	RIED X NEVER		9. BALTIMORE			MD.
O the state of the	10.CI	ty or town of DE	na	11. NAME OF	HOSPITAL, N	STREET ADDRESS)	e OR OTHER INS	TITUTION	120. USUAL OCI (TYPE OF WORK SOF	UPATION	LIFE) INDUSTRY	of Business Or gton Buich
rithin 24 hour sithin 24 hour stely filled in 2 smalld be 1	Ma	L RESIDENCE (IF NUR: TATE TULAND THER'S NAME	Mont	OTHER INSTITUTION	13c. CITY OF Wheat	E BEFORE ADMISSION	13d. INSIDE C	ITY LIMITS? NO S MAIDEN NA/	ΜE	oress Ldway S1	treet	20902
MORE, MAI		The's VAS DECEASED EVER JES, NO OR UNKNOWN)	IN U.S. AR		Rey 166. SOCIAL). 17. INFORMA	aria	El	isa ADDRESS Same a	Вие	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING. PHYSICIAN The four requires that the death certificate be executed within 24 hours collecting physician and completely filled in the the certificate to been signed by the attending physician and completely filled in the the analysis physician permit. Then please remove carbon papers. Pages, 1 and 2 should be fill the and Mental Hygens proor to buriol, cremation, or removal.	SATION	18 CAUSE OF DEAT PART I. DEATH W Conditions, if any gave rise to im- couse (o), stati- underlying cause PART 2. OTHER SIGI	, which mediate may the last.	DUE TO, O DUE TO, O DUE TO, O CONDITIONS C	OR AS A CON	SEQUENCE OF	un .		INAL DISEASE OF	/? 20b. 1F Y	YES, WERE FINDI	MGS USED
IVISION OF VITAL RE 9G PHYSICIAN. The for othernding physician. The this certifician has a the buried-fronts/ per- h and Mental Hygiere p h and Mental Hygiere p	MEDICAL CERTIFICATION	216. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR WHILE NOTIFY MEDI AT WORK AT WORK	CAUSE OF DEA	HOUR A P 21e. PLACE	.M. MONTI .M. OF INJURY	H DAY YEA	9 211. LOCATI	ON	ED (ENTER NATURE		TIFYING CAUSE: YES B PART 1 OR PART 2) COUNTY	S OF DEATH?
OSPITAL OR ATTENDS and by the hospital or UNCRAL DIRECTOR: A if he detoched for use the State Dept. of Heal REANT. If hem 21 is m	1	22a.1 certify that (I) saw the effices abave (I) (wet (I 22b. SIG: ATURE	ed alive and did) (did no	t) view the bady			DEGREE 220. ADDRES	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	naur and from the	, that (1) (we) last e causes stated E SIGNED
BP	23a E	URIAL, CREMATION, SPECBURIAL		23b. DATE Dec. 21	,1983		F CEMETERY OR HEAVE	CREMATORY	23d LOCATIO	Spring	Mont.	Md STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FU 500	INERAL DIRECTOR Universi	Franc ty Bo	is J. C ulevard	ollins , W. S	ilver s	Spring, 1	Md. 250. D	EC 2 3		STRAR'S SIGNA	



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STATE OF MARYLAND

1120 CONN AVE, N.W. #940

WASHINGTON, D.6 20036

FOR

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

YEAR

IF UNDER 1 YEAR

INDUSTRY

MD.

2b. HOUR

HOURS

121 KIND OF BUSINESS OR

TUG BOAT

LAST

CRUZ

IF UNDER 24 HRS

20850

NO [

STATE

STAND.

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250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

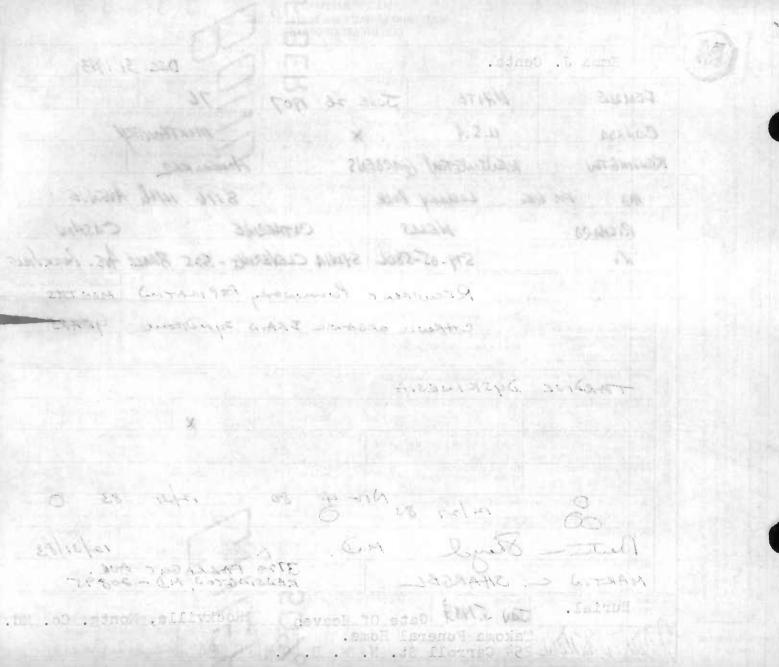
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	3	1	FOR - STATE REGISTRAR		DEPART	MENT OF HI	OF MARYLAND EALTH AND MENTAL F CATE OF DEATH		3 G. NO.	3 5	8 3
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0	a g	3. S	EX	4. RACE		5. DATE O		6 AGE (IN YEARS LA	ST BIRTHDAY)		F UNDER 24 HRS
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i	Tied with	10.1	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	126 USUAL OCCU	PATION	12b. KIND OF I	BUSINESS OR
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ANI S	filled hould t			rtgomery	Silver S	pring	YES NO	2504 Ran	dolph Ro	pad	20902
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LTIN	icion Frem	-	NO 18. CAUSE OF DEATH (Ente		1216-28-5		Lorance B.	Cates, Jr.	KOCKUL	cce. Ma.	ATE INTERVAL
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	the he to DIRE		22b. SIGNATURE	11			ATTENDING PHYSICIAN		STAFF	126. DATE SH	GNED 1831
CH	FUNER FUNER The Stranger		22d PHYSICIAN'S NAME (T	CohA	1,000		220 ADDRESS 13975	CONN. AL		hol 2	20906
Ç	e of with	230	BURIAL, CREMATION, REMO	AL 23b. DATE	23c. 1	NAME OF CE	METERY OR CREMATO	RY 23d. LOCATION		COUNTY	67477
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DHA	MH - 16 50M 4/82	24	FUNERAL DIRECTOR Fran	cis J. Co	ellins		25a.	DATE REC'D. BY REGIST	RAR 256. REGISTE	RAR'S SIGNATUR	E .
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210	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 3 3 3	8 5
, (RM)		CEASED NAME FIRST CORPRINT Emma J.	Centa.	LAST	20. DATE OF DEATH MONTH DEC 3	AY YEAR 25 HOUR M
on a special section of the section	3. SE	X FEMALE	4. RACE WHITE	S. DATE OF BIRTH MONTH DAY JUNE 26 1907		FUNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
nerol #1	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY) CONAM	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY	,
s ofter d	10 C	ENSINGTAN	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE KENSINGTON	NG HOME OR OTHER INSTITUTION TADDRESS) FARDENS	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR
BALTIMORE, MARYLAND 2120 scate be executed within 24 hours opers. Pages, I and 2 should be fill aval.		STATE 136 COUI	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	NN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COPE 8 116 1444	HUSINGE 183
MARYLA ed within mpletely ond 2 sh	4. F	ATHER'S NAME RICHARD	MIDDLE WELL	15. MOTHER'S MAIDEN NA	RINE	CASHIN
iMORE, oe execut n and co .Pages.		NAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC S79-05-	STAND STAND CLEV	ERING - 525 BEALL	AVE. ROCKVILLE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BJ. ING PHYSICIAN. The low requires that the deoth certifical rate andring physicion. After this certificate has been signed by the ottending physics the buriot-transit permit. Then please remove carbon pop th and Mental Hygiene prior to buriol, cremation, or remavaor arked or Item 18 shows any injury, ar other traumatic event,	2	PART I. DEATH WAS CAUSE SIMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE (c)	DENCE OF DEATH BUT NOT RELATED TO THE TERM	no syndrous	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MON THS YEARS N IN PART 110
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TTENDIN pitol or STOR: Af for use o of Health		22a.1 certify that this hasp sow the decear plive or above, (IVIII) did (did no	ital) attended the defeased from 12 27 19 ot) view the body after death.	D •	death occurred on the date and hour	ond from the couses stoted
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		FOR		SIA SEPARTMENT OF	HEALTH AND	MENTALHYGI	ENE ADMITTIO	CHAMBERS
In		STATE REGISTRAR	MEI	DICAL EXAMIN	IER'S CERT	IFICATE OF D	EATH REG. NO.	CHAMBERS
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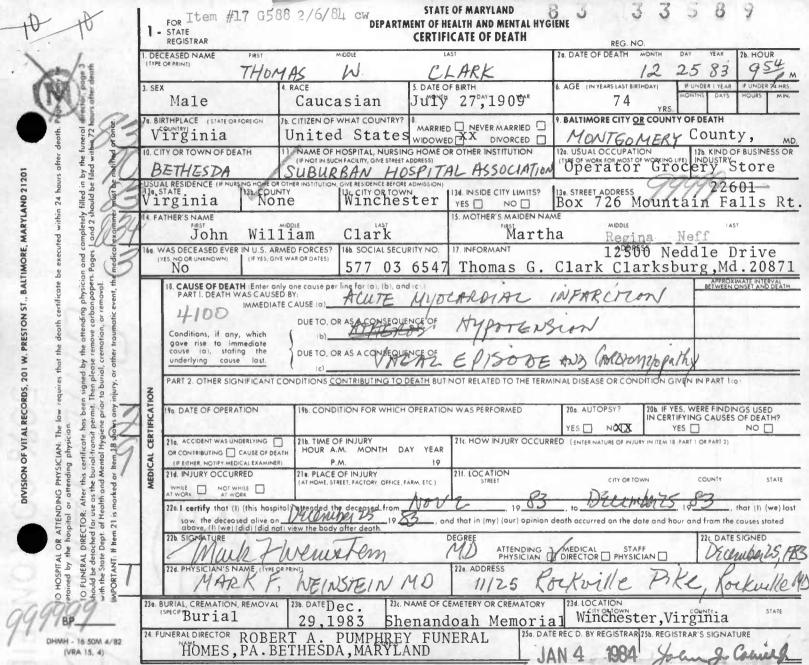
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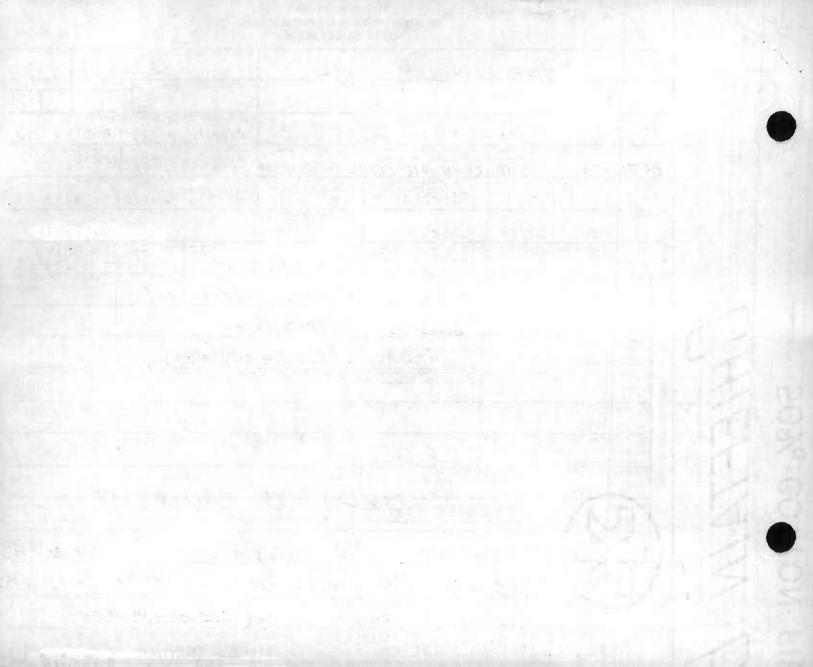
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH 7b. HOUR DECEASED NAME TYPE OR PRINTS 11:55am CHIERA 12/04/83 .. ELENA A AGE LIN YEARS LAST BIRTHDAY 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS white 97 female 06 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE I STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MONTGOMERY COUNTY TTALY U.S.A. WIDOWEDXX 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! HOLY STOROSS HOSPITAL SILVER RSPRING HOMEMAKER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 131 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 1375884 ACOLLUMBIA RD. WASH D.C WASHINGTON YES X NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE diGTROLAMO PTFTRO CONCETTA do AMTCTS 166, WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) FLORENCE L. BARNES 577-58-0631 KENSINGTON MD NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), And (c PART I. DEATH WAS CAUSED BY Me IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED ANTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE FITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21s. PLACE OF INJURY 211. LOCATION COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE 220.1 certify that (1) (this haspital attended the/deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE WASHINGTON, D.C. UNI BURIAL DEC.7,1983 ROCK CREEK CEMETERY 24 FUNERAL DIRECTOR FRANCIS J. COLLINS DHMH - 16 50M 4/82 500 UNIVERSITY BLVD., W. SILVER SPRING, MD. (VRA 15, 4)

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000000	SIGNEY J. MALAWER M.D. 10215 FERNWOOD 1230. BURIAL, CREMATION, REMOVAL 233. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION STORY CONTROL OF COMPANY CONTROL OF CONT	Rd. BEIH. IIId.
DHMH - 16 50M 4/82 (VRA 15, 4)	BURIA DEC. 17. 1983 MT. HEBRON CEM WINCHEST 24. FUNERAL DIRECTOR COMPLETED STORY OF THE STORY O	STRANGSIGNATURE

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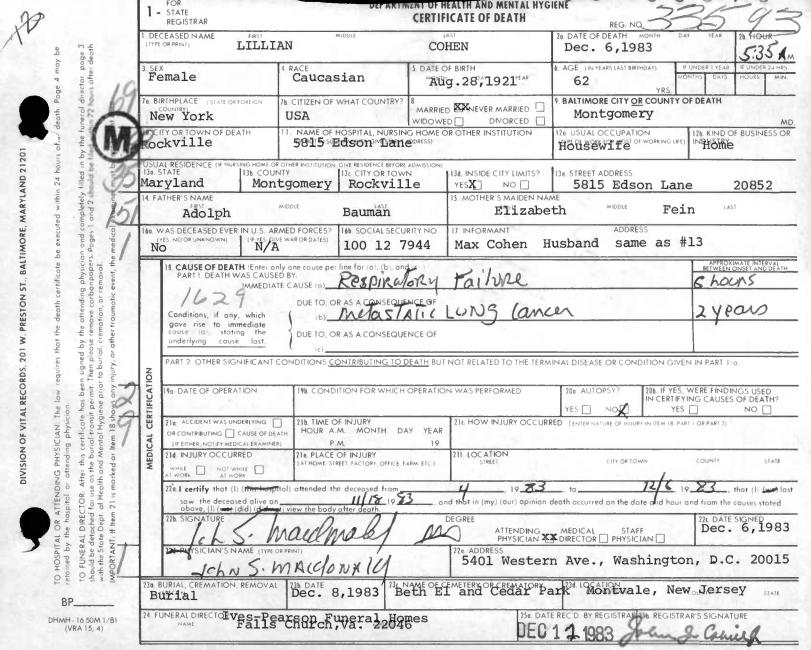


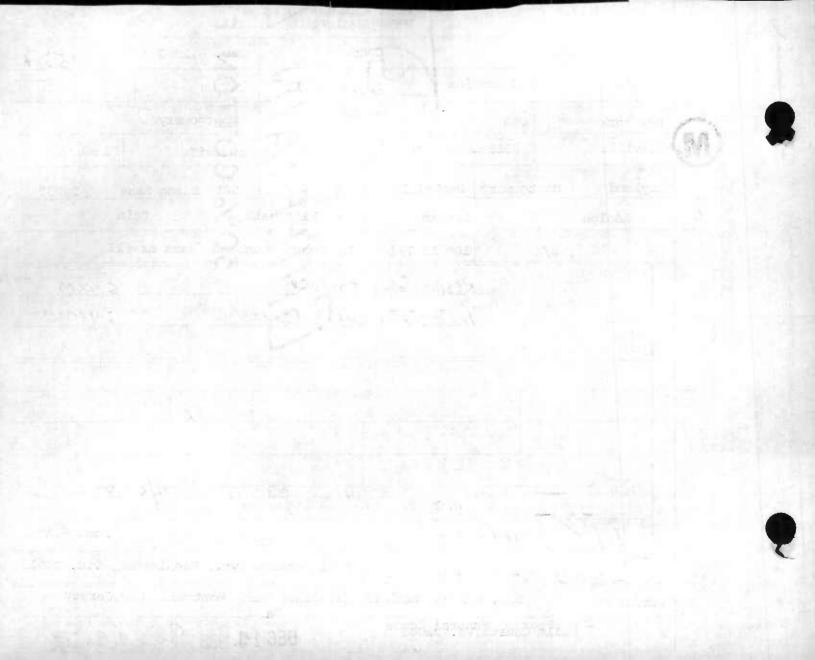
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH LAST 7h HOUR 1. DECEASED NAME (TYPE OR PRINT) JOHN. MARSHALL. COFFEY December 16. 2:40A A AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR IF UNDER 24 HRS 4. RACE 5 DATE OF BIRTH 3 SEX Male White July 14, 1944 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Montgomery County DIVORCED | OKT.A U.S.A 12n LISUAL OCCUPATION 126. KIND OF BUSINESS OR ID CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Clinical Ctr., TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Bethesda Self-employed National Institutes of Health Attorney USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 1136 COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Virginia Arlington 1909 N. Woodley St NO XX Arlington 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE Winder Coffey Langley Serena Α. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 1909 N. Woodley St. 6/66-12/66 LYES. NO OR UNKNOWN) Virginia M. Coffey (wife) Arlington, Va. 22207 Yes 448-44-8449 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per l CARDIAC FAILURE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) NO ANATOMIC CAUSE OF DEATH IDENTIFIED Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION ARTERY BYPASS GRAFTS X3 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 12/15/83 Coronary artery disease YES TX NOT YES X NO I 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that & (this hospital) attended the deceased from December 7. 19.83 to December 16. 19.83., thorxii (we) lost sow the deceased alive on December 16. 1983, and that in (RW (our) opinion death occurred on the date and hour and from the causes stated above, \$\$ (we) (did) (3) (3) (we) with body after death. 226 SIGNATOR DEGREE 22c DATE SIGNED DIRECTOR PHYSICIAN TU PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE OF PRINT) The Clinical Ctr, National Institutes UNDERITICL of Health, Bethesda, MD 20205 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Sand Springs, Oklahoma 12/20/83 Burial Woodland Cemetery 24 FUNERAL DIRECTOR MURPHY FUNERAL HOMES, INC. DHMH - 16 50M 4/B2 4510 Wilson Blvd. Arlington, Virginia 22203 (VRA 15, 4)







FOR DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE I. DECEASED NAME 2a DATE OF DEATH MONTH DAY YEAR 2h HOUR (TYPE OR PRINT) 13 3 SEX IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR MONTHS DAYS HOURS MIN 7n BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED | CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 17h KIND OF BUSINESS OR INDUSTRY Executive OWN BUSINESS 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? NO [15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST SOLO MO ICE 14e WAS DECEASED EVER IN U.S. ARMED FORCES? IS SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 063-03-60 None Vone II CAUSE OF DEATH (Enter only one cause per In for (a), (b), and ic. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, ORAS QUENCE O Canditians, if any, which gove rise to immediate cause to, stating the DUE TO, OR underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? NO YES [NO [Hygi 21a ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR Mental OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. MEDIC/ 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNT STATE NOT WHILE WHILE AT WORK 220 I certify that (I) (this haspital attended the deceased from sow the deceased alive on. and that in (my) (or) opinion death accurred on the date and hour and from the causes stated abave, (I) we) (did) (did not) view the body after death DEGREE ATTENDING 1 MEDICAL STAFF FUNERAL State IMPORTANT: PHYSICIAN DIRECTOR PHYSICIAN [324 PHYSIGIAN'S NAME (FIRE OF PRINT) 22s ADDRESS d be with 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION verdale ambers Cremator 250 DATE REC 24 FUNERAL DIRECTOR **DHMH-16 25M** Chambers Co. 8655 Georgia Are, 55, Md (VRA 15, 4) 1/79

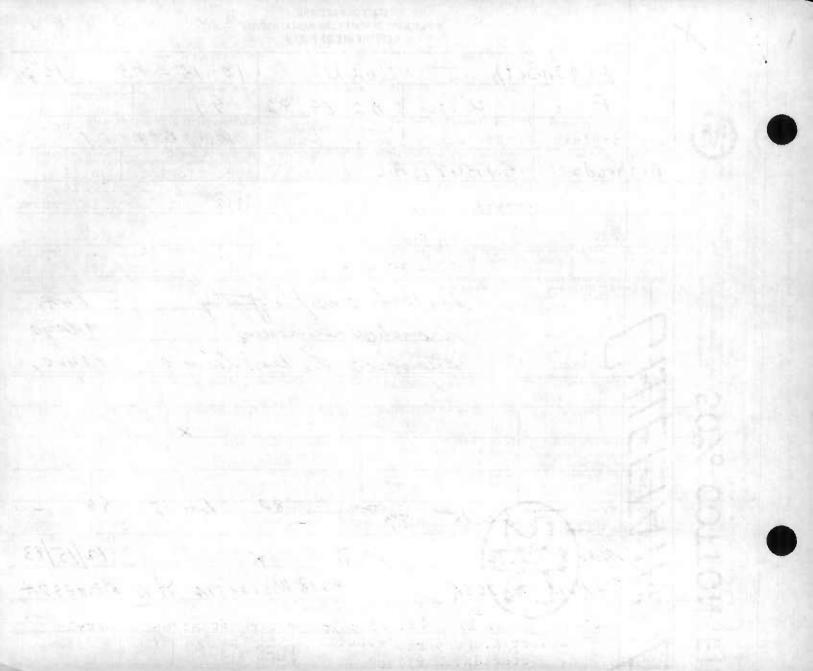
STATE OF MARYLAND

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(VRA 15, 4)

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			Joh		MIDDLE H.		Cooli	SK.	20. DATE OF DEATH MONTH	6 1983	2 :46 A
F W 3	(M)		Male	4. RACE	ě	5. DATE OF I	PIRTH DAY	1904	6. AGE [IN YEARS LAST BIRTHDAY]	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
•	nerall in 72)	BIRTHPLACE STATE OR FOREIGN COUNTRY)	U.S.		MARRIED I	ONEVER M	ARRIED D	9. BALTIMORE CITY OR COL	UNITY OF DEATH	
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BALTIMORE, I	n and car Pages 1	160.	WAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES	166 SOCIAL SECE		MA	IT.	ADDRESS	Moorellou	18e
AL RECORDS, 201 W. PRESTON ST	se that the please rurial, ar athe	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT Probabe 19a DATE OF OPERATION	DUE TO, (c) CONDITIONS 196 CON	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO CONTRIBUTION FOR WHICH	ENCE OF D. ENCE OF D. ENCE OF D. ENCE OF T. OPERATION V	OT RELATED F 1 5 S	to the term	ANNAL DISEASE OR CONDITION 200 AUTOPSY7 YES NO NO	N GIVEN IN PART ITO	eeks
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	ITAL OR AT by the hosp of the hosp rate DIRECT detached for inter Dept. a		22b. SIGNATURE	too 1	1 Belos	of.	MOA	HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6 De	w 83
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	BP		Burial, CREMATION, REMOVA	12/9	/1983 A	NAME OF CEM		onal (STATE
DH	IMH - 16 50M 4/B2 (VRA 15, 4)	24.	FUNERAL DIRECTOR JOSE NAM 5130 Wisc.	ph Gawl	er's Sons N.W. Wash	Ing.		DEC .	TE REC'D. BY REGIS (RAR 256. RE	GISTAMESIGNATU	K

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1	FOR STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	0 5 7 7	
	PECEASED NAME FIRST	RENCE MEYE	CR CRONON	IN DAIL OF BEATH	1983 9 MM	
7 6 8 3. S		1. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS	
4 90	Female	Caucasian	May 5, 1890 YEAR	93 yrs.	MONTHS DAYS HOURS MIN.	
70.	BIRTHPLACE (STATE OR FOREIGN	Th. CITIZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OR COUNTY	OF DEATH	
f model W/	La Cross, Wiscon		MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	MD.	
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Friends Nursing	G HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIF Housewife Ret	126. KIND OF BUSINESS OR	
St. d in Poor	UAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N 13d. INSIDE CITY LIMITS?	Qua ker Lane Apt 47		
and 2 ond 2	Leo W	Meyer Meyer	15. MOTHER'S MAIDEN NA	a Wble		
T medica		AED FORCES? 166. SOCIAL SECUL was or dates) 220 ⇒ 58 ⇒ 8	RITY NO. 17 INFORMANT	ADDRESS Mac onon, 5601 Varsity	dison, Wis. 537 y Hill Dr.,	
Att	18. CAUSE OF DEATH (Enter onl	y one couse per line for (o), (b), one	lieur		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
T., B	PART I. DEATH WAS CAUSED	ECAUSE (O) Preleyer		et	12her	
death cer death cer mending vvc carbo vvc carbo	4292 Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF heart 1	ileu	102	
that the character of the conservation of the creman of the creman rather transmission.	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF Cardiores	ules desease	25 gr	
RDS, 20 equires n signee Then pli r to burn injury, o		ONDITIONS CONTRIBUTING TO D	SEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART 110	
VITAL RECORDS 1: The low requirysicion. Cote has been signal, they given prior to the shows ony injury to the stown ony injury to the stown on the	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	NO NO NO	
CLAN: T CLAN:	OR CONTRIBUTING CALLER OF DEA		Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2]	
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TTENDIN TTOR: Afor use of Health 21 is ma	22c.1 certify that (I) (this haspit sow the deceased alive on above, (I) (we) (did) (did not	ol) ottended the deceased from	5//8 , 19 20	death occurred on the date and hou	19 , that (I) (we) lost rand from the couses stated	
AL OR A the hos AL DIREC etoched ite Dept. T. If Item	22b. SIGNATURE	Omnus	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED Dec. 2, 1983	
TO HOSPITAL retained by th TO FUNERAL should be det with the Store	A. DEMENT	BONIFANT, M.	D. 18111 Prince	Phillip Dr., Oln	ley, Md.	
Q € C € 3 € 23g	CREMATION, RECOVER	23b. DATE 23c. N	AME OF CREATORY	23d LOCATION	COUNTY STATE	
BP	Cremation	Dec. 7, 1983 Ch	ambers Cremator			
	FUNERAL DIRECTOR W.W.CHAMBER	S Co. 8655 Ga. A	ve. S. S. Md. 20910	CO. P. 1583	RAR'S SIGNATURE	

STATE OF MARYLAND

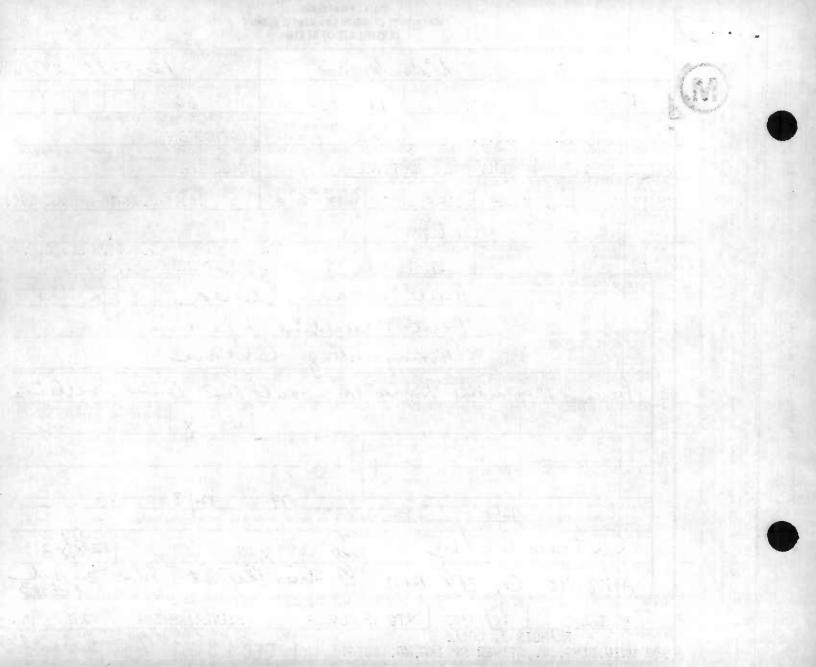
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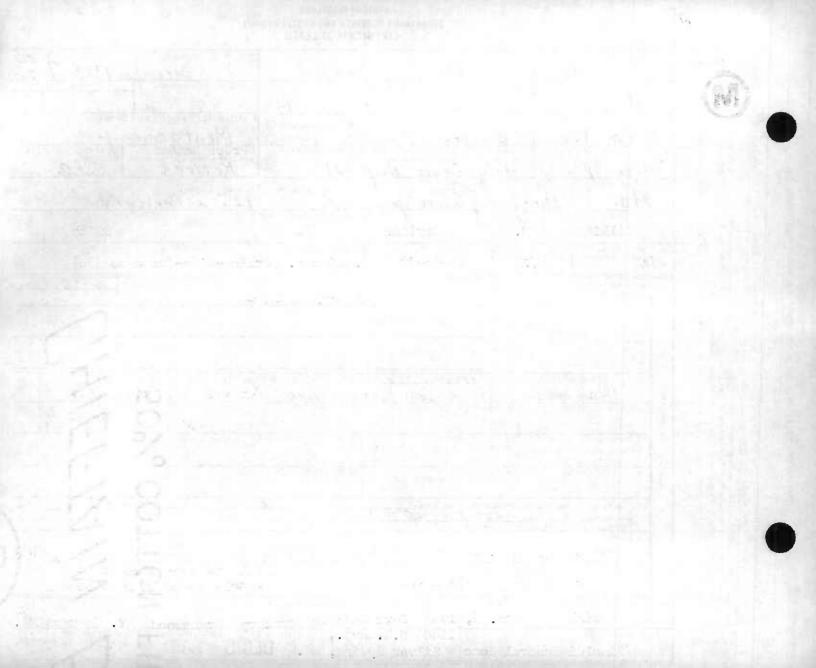
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100) DE	REGISTRAR CEASED NAME FIRST		MIDDLE		LAST	2a. DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
MI)		OR PRINT)	1	3.6	0		101		1983	
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1	C	DUNTRY)		l States	WIDOW	D WEVER MARRIED C	_	_		145
,	10 C	Treland TY OR TOWN OF DEATH	11. NAME	OF HOSPITAL, NUR	SING HOME	OR OTHER INSTITUTION	12a USUAL OCC	UPATION	12b. KIND C	OF BUSINESS OR
3	D.	ockville		ac Valley		ng Home	Practica	Nurs	e Physic	ians
pel	USU	AL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITU	TION, GIVE RESIDENCE BE	FORE ADMISSION			7	Zip: 2085	
P		ryland Mon	ntgomer	V Rocky		13d INSIDE CITY LIMITS?			Valley F	
_		THER'S NAME				15 MOTHER'S MAIDEN	NAME		-	
		John	MIDDLE	Mulla	11	Ann	M	IDDLE	Conc	cannon
-	léa V	VAS DECEASED EVER IN U.S.		S? 166 SOCIALS		Mr. Robert	I Crorre	ADDRESS		
	(No	GIVE WAR OR DATES	081-24	-8230		hard Dr.		ille. MD.	20855
		18 CAUSE OF DEATH (Ente	r only one couse			Transco		ALC CAVE		ONSET AND DEATH
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		Conditions, if any, which	(ıb	pne		once	4-12-11		100	eele
		gove rise to immediate couse (a), stating the		O, OR AS A CONSE	DUENCE QE	/			1 111	7/
		underlying couse lost	(c)	Cerele	ral	neuen	ronne	e	/ m	only
	7	PART 2 OTHER SIGNIFICAN	T CONDITION	S CONTRIBUTING	O DEATH BU	NOT RELATED TO THE TE	RMINAL DISE	RCONDITION	GIVEN IN PART 1	a)
	ē	Heper	leus	lon				Too.	15 VISC 14 ISSES 5 15 15	
1	CERTIFICATION	190 DATE OF PERATION	196 CO	NDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20g AUTOPS	INC	IF YES, WERE FINDI ERTIFYING CAUSES	OF DEATH?
_	- E	2)a. ACCIDENT WAS UNDERLYING	215 714	AE OF INJURY		21c HOW INJURY OCC	YES N		YES	NO 🗌
)		OR CONTRIBUTING CAUSE OF		A.M. MONTH	DAY YEAR	ZIE HOW INJORI OCC	ORRED (ENIERNATURE	OF INJURY IN HEA	M 18 PART OR PART 2)	
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		22a. I certify that (1) (this has sow the deceased alive			83	nd that in (my) (our) opinio	on death accurred or	the date and	d hour and from the	couses stated
		sow the deceosed alive obove (I) we) (did) did 29b. SIGNATUIE	not view the	ed after deoth.	0	DEGREE, A			22c, DATE	
1	140	115	An	11/1	10/11	ATTENDING	MEDICAL DIRECTOR	STAFF		
9		22d. PHYSICIAN'S NAME (TY	PE OR PRINT)	20 7-0	w/ CI	PHYSICIAN 22e ADDRESS				. 23, 19
				W D		52	25 Pooks I			
_	220 5	Morton W. BURIAL, CREMATION, REMOV			R NAME OF	EMETERY OR CREMATOR	thesda, Ma		1	
	230. (SPECIFY)		Dec.			CITY OR TO	WN	COUNTY	STATE
	24 FI	Burial UNERALDIRECTOR Rob	27,	Pumphreys		Heaven Ceme	ATE REC'D. BY REGI			York
		NAME ILOD		rumpnışı _{xs} kville, M		nomes,	0 0 0 100	3 2	e. 9.C.	List of
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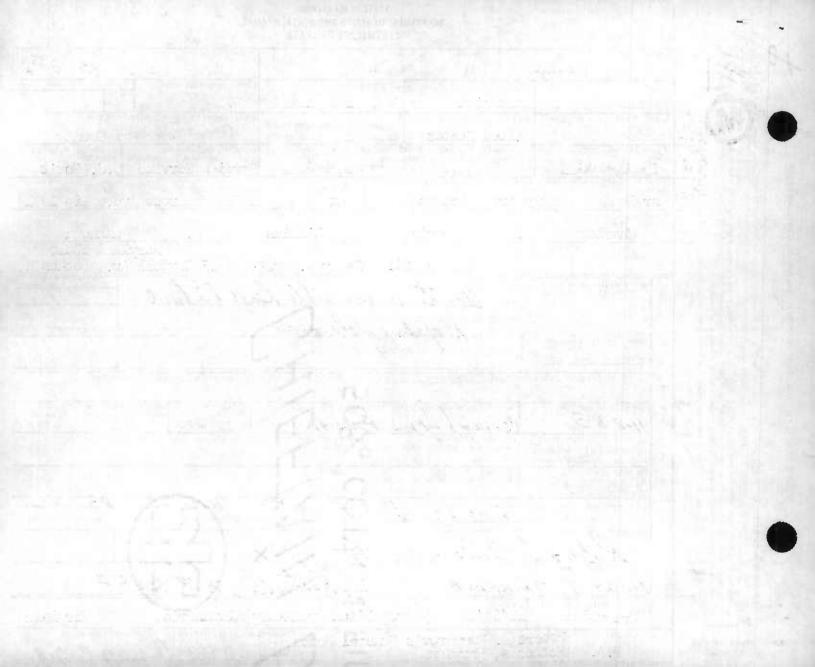
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	3. SEX	Male	4. RAC	casia	n	Sep.		1911	6. AGE (INYEAL	RS LAST BIRTHDAY)	MONTHS DAY	
(M)/2		RTHPLACE (STATE OR FOR OUNTRY)		izen of wi	HAT COUNTRY	/? II. MARRIEI WIDOWE		R MARRIED	1 .0	city or coun	TY OF DEATH	unty MD.
softer is ofter in the filled with	T	sy or town of death	11. N/	AME OF HO	SPITAL, NURS	ET ADDRESS!			12a. USUAL OC		12b. KIND G LIFE) INDUSTR	OF BUSINESS OR
AND 212 AND 212 AND 212	130. S Ma	ryland M	b county ontgome	13	ve residence before CITY OR TO Betheso	WN	YES X	CITY LIMITS?		ontrose	Ave.,	Zip 20814
completely 1 and 2 s	8	THER'S NAME Charles VAS DECEASED EVER IN	M.	onerea III	Davis			r's MAIDEN NA Lillian		M.	unkno	OWN.
be execution and control from the medical		(ES, NO OR UNKNOWN)	U.S. ARMED FO	R DATES)	86 09 3				t, 4853	Corde1		20814 Bethesda
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours oftending physician and completely filled in by at the buriol-transit permit. Then please remove colompopers. Pages 1 and 2 should be fill the and Mennol Hygiene prior to buriol, cremotion, or removal. Or the medical (Administrative Prince) and the medical (Administrative Prince) and the medical (Administrative Prince).	NOI	Conditions, if any, w gove rise to immed couse (o), stating	MEDIATE CAU thich diote the lost.	(b) (b) UE TO, OR A	AS A CONSEO	LUENCE OF	ACCE NOT RELATI	ED TO THE TERM	AINAL DISEASE	DR CONDITION	GIVEN IN PART	1(0)
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IVISION JG PHYS offending ter this co ss the burn h ond Me	MEDICAL	216 INJURY OCCURRED	214	e. PLACE OF	FINJURY T, FACTORY, OFFICE		21f. LOCA STR	TION		CITY OR TOWN	COUNTY	STATE
TO HOSPITAL OR ATTENDIN retoined by the hospital or TO FUNERAL DIRECTOR: Af should be detached for use o with the Store Dept. of Health IMPORTANT: If them 21 is mo		226.1 certify that (1) (If sow the deceased obove, (1) (we) (did	olive on (did not) view	Nec	123 19 ter deoth.		DEGREE			STAFF PHYSICIAN		_, that (1) (sum) lost he couses stated TE SIGNED
ρ	23a. E	JURIAL, CREMATION, RE	MOVAL 23b.	DATE /24/8	230			r crematory Cremator	y Alexa	ON		/irginia
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FU	P.A.	Robert Bethesd	A. Pur a, Ma	mphrey.	s Fune	ral Ho	omes 250. DAT		SISTRAR 256. REC	SISTRAR'S SIGN	ATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR L DECEASED NAME O DATE KNOWN TO MONTH (TYPE OR PRINT) ESTI-MARY HELEN DEATH MATED 7c. DATE PRONOUNCED DEAD 7ª BIRTHPLACE . CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED MONTGOMERY DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170 USUAL OCCUPATION LIVE OF WORK 1176 KIND OF BUSINESS Housewife 13e. STREET ADDRESS 15 MOTHER'S MAIDEN NAME Henry Thurber Pearl Moore MAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166 SOCIAL SECURITY NO ^1220 E. W. Highway Not Stated Emma Thurber Williams, Sister, S. S. Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY Canditians, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE O lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Doeth G 19a. DATE OF OPERATION 20. AUTOPSY? YES 21a. EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 UNDERLYING CONTRIBUTING CAUSE OF DEATH Te PLACE OF INJURY STREEF FACTORY, FARM, ETC.) WHILE AT WORK 22e. I certify that I took charge of the filmound the bed above, held an Suicide Undetermined manner 27 Dec 83 Lee's Crematory Washington, D. C. 1432 You St., N. W. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE W. Ernest Jarvis Co., Inc., Washington, D.C. (VR A15 ME (51) 20M 4/82

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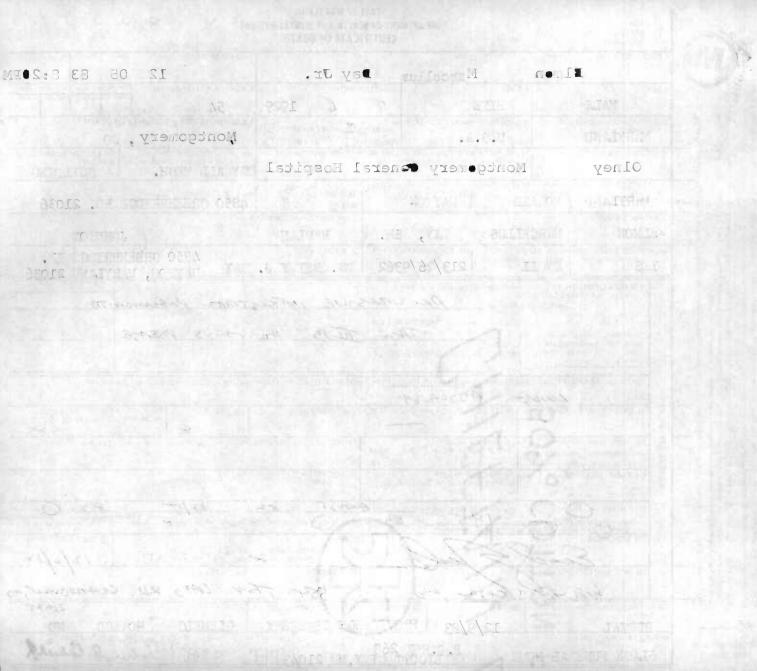
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1220 F. W. H. SHELL

Not Stated Rmen Thursen Hilliams, Sister. S. S. M.

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V. Irmst Jarvis Co., Inc., Washington, D.C.



4217 9th St. N.W., Washington, D.C. 20011

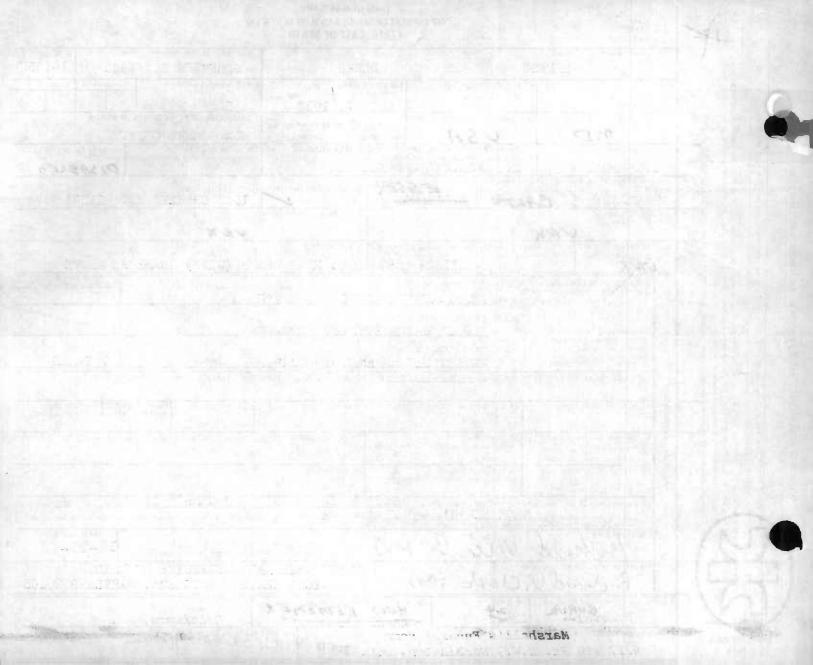
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BH

(VRA 15, 4)

FOR



	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
BP	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital an attending physician.	2 4
	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, pulls should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.	44.1
_	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be followed.	
1	WEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MACCON CANADA CONTRACTOR CONTR	

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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hysic pape laval.		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	one cause per line for (a), (b), a BY:	Market Land		APPROXIMATE INTERV BETWEEN ONSET AND D
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500 University Blvd. W. Silver Spring. Md.

7	FOR STATE REGISTRAR	STATE CERTIFICATE OF REATH								
e £	1. DECEASED NAME (TYPE OR PRINT)	Lillian	DE	=PAOLO	20. DATE OF DEATH MONT	- 2-83 3:45				
(M)	3. SEX FEMALE	4 RACE Caucas		OF BIRTH THE 15, DAY 1912 SEAR	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 H MONTHS DAYS HOURS M				
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of the state of	10. CAY OR TOWN OF D		HOSPITAL, NURSING HOME HEACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Homemaker	12b. KIND OF BUSINESS				
filled in the state of the stat	Virginia	RSING HOME OR OTHER INSTITUTION. 131. COUNTY Fairfax	GIVE RESIDENCE BEFORE ADMISSION 131. CITY OR TOWN Fairfax	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 9129 Maywoo	od Lane				
11/1/10	14 FATHER'S NAME FIRST Domini		Crescenzo	15 MOTHER'S MAIDEN N	MIDDLE	(Unknown)				
Poger Personal	(YES, NO OR UNKNOWN)	R IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 163-03-1704	Camille Szy	ughter) ADDRESS mczak Same a	APPROXIMATE INTERVAL				
ow requires that the death been signed by the otteno rmit. Then please remove ca prior to buriol, cremotion, o	Conditions, if or gove rise to i couse (o), sto underlying counderlying counterlying counterlyin	ry, which mmediate ting the se lost. (c)	R AS A CONSEQUENCE OF WICE AT THE DATRIBUTING TO DEATH BY	ON WAS PERFORMED	MINAL DISEASE OR CONDITIC	ON GIVEN IN PART 110 IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?				
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TO HOSP retoined TO FUNI Should be with the Will he will h	230. BURIAL, CREMATION (SPECIFY) Cremation	N, REMOVAL 23b. DATE	23c, NAME OF	CEMETERY OR CREMATORY						
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DIRECTOR	auers Funeral	NEIL III	Church, VA	ATE REC'D. BY REGISTRAR 25b. F	REGISTRAR'S SIGNATURE				

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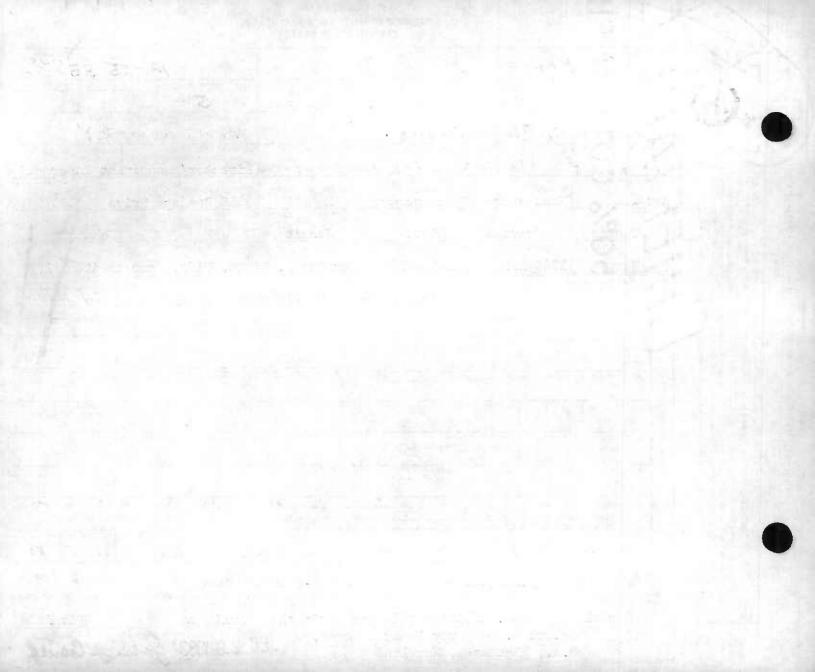
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1/	FOR 1 - STATE		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE							
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1/0	1. DECEASED (TYPE OR PRINT)	WIDDLE		LAST	20. DATE KNOWN OF ESTI-	MONTH DAY YEAR			
A 8 8 8 1 1		Bobby	Junior	Dodson		DEATH MATED	□ 12 19 83	2:02pm		
BEST PER -	3. SEX	4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS IF U		4 HRS. 2c. DATE MIN. PRONOUNCED	MONTH DAY YEA	AR 2d. HOUR		
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A POET	Takoma	Park Md	washington	Adventist H	ospital	Fence Compa	iny-Manufac	ture		
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MD.	14. FATHER'S		MIDDLE	LAST	15. MOTHER'S MAIDEN	NAME	LAST			
	Lu	ther		lson	Matilda		Nichols			
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NOR	FXAME	FP'S NAME _		0			Maryl			
TO MEDICAL EXAMI EXECUTE THE CRITIC PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH			hn S. Roge	rs	ADDRESS 1919	Seminary Rd	. Silver	Spring		
57754g	[SPECIFY]	REMATION, REMOVAL	23b. DATE 2	C. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE		
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DHMH - 17	24 FUNERAL	na Funeral	Home 254		N. W 250 DATE RE	C'D. BY REGISTRAR 146. RE	GISTRAR'S SIGNATURE	li		
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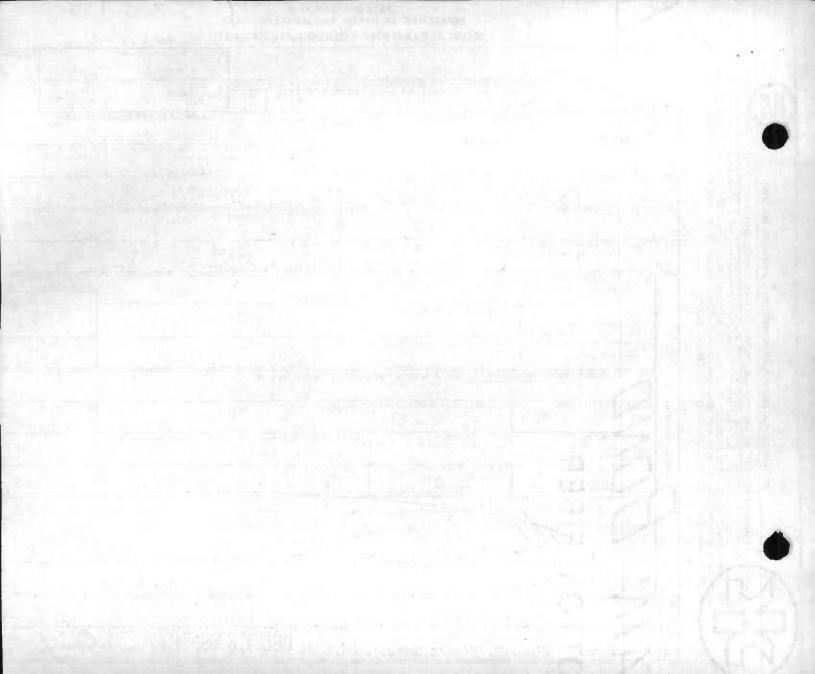
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYCHENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN X MONTH 2h HOUR (TYPE OR PRINT) Nancy Jeanne Doolev DEATH MATED 5 10 83 3 SEX 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR :30F PRONOUNCED 1083 DEAD 13 1948 White June Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH Th BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) California 10. City OR TOWN OF DEATH Montgomery County, WIDOWED DIVORCED PAGE S FILED 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Georgia Ave & Spring Street MOST OF WORKING LIFE Biochemist S. RETAIN PA SHOULD BE F Silver Spring ISUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Montgomery Rockville Maruland 5109 Yosemite Drive 20853 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME E PAGE FORM PM MIDDLE LAST LAST DeLozier Mariorio Dudley James ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Husband WITH FOR DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 223-72-2895 J. Dooley Wilbur No Same as 13 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18.

PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W
THE CHIEF WITH THE PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT.

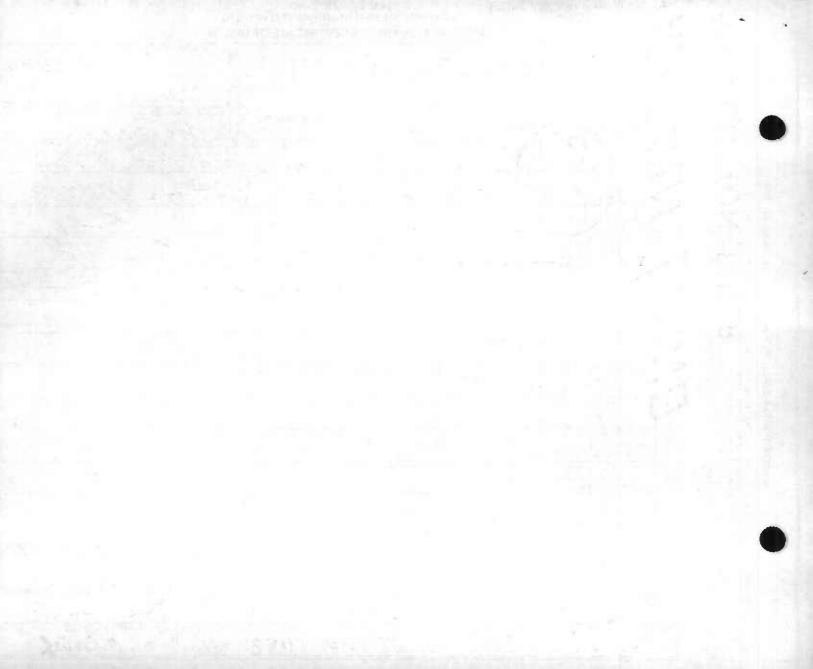
AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYCIENE, DISALAMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple gunshot wounds IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 20 AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? YES X NO [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOURXXA. MONTH DAY **□**Y_{OR} UNDERLYING 12 5 19 83 Subject shot CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21E LOCATION 21d. INJURY OCCURRED WHILE AT WORK parking lot Georgia Ave& Spring St. Silver Spring, Mont, Mo 22a I certify that I took charge Inspection Homicide X Undetermined manner death resulted from TITLE (SPECIFY) ACTUAL DATE 12/5/83 SIGNATURE SIGNED. EXAMINER'S NAME 111 Penn St. Balto., MD. Thomas D. Smith, M.D. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 73r. NAME OF CEMETERY OR CREMATORY Burial Dec. 10, 1983 Gate of Heaven Comptery

24 FUNERAL DIRECTOR Francis J. Collins Silver Spring Mont. Maruland **DHMH - 17** 500 University Blud., W. Silver Spring, (VR A15 ME (5))

20M 4/82

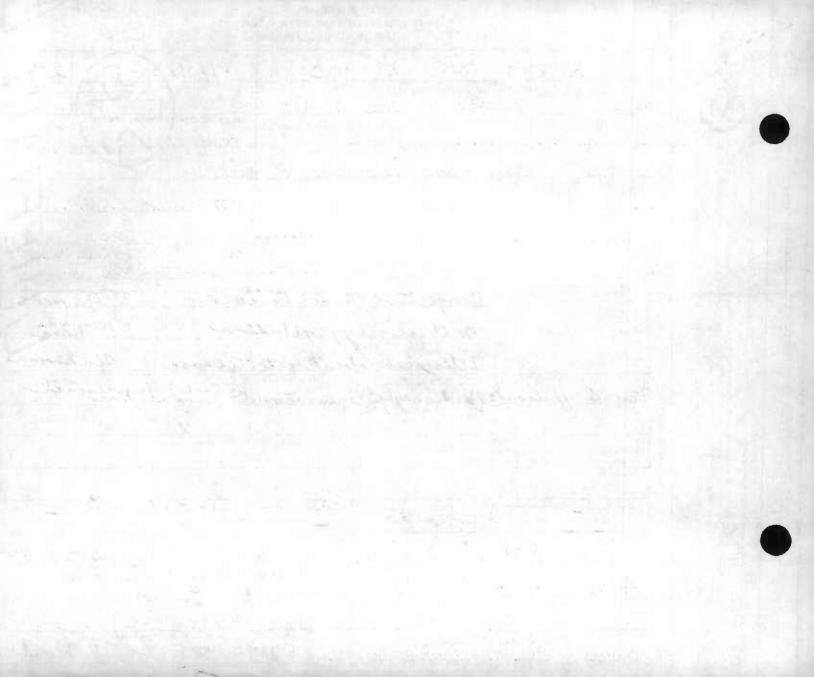


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N	1-	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
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DEATH. IF	14. F.	ATHER'S NAME Benjamin C. Dooley Margaret Carter Carter	_
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134AFE	WE	WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE STATE STATE STREET CITY OR TOWN COUNTY STATE	ſΕ
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIT BATTIMORE, MARYLAND, 2		27a. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry , and in my opinion death resulted from: Natural couses . Accident , Suicide , Hamicide , Undetermined monner . ACTUAL SIGNATURE . MEDICAL EXAMINER . SIGNATURE . SI	7
AECUTE AGE 4 S S FUNE THINNO		EXAMINER'S NAME John S. Rogers, M.D. ADDRESS Silver Spring, Maryland 20910	
BP		URIAL, CREMATION, REMOVAL 236. DATE Dec. 27, 1983 Metropolitan Crematory Alexandria, Virginia	
DHMH - 17 (VR A15 ME (5)) 15M 2/80	24 F	where the state of	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME B. DATE KNOWN FOR MONTH TYPE OR PROVE OF ESTI-15 DEATH MATED wisch 10 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) MONTHS PRONOUNCED 49 YRS DE AD 19 BIRTHPLACE STATEOR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED TARYLAND WIDOWED T DIVORCED [OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFET CEM AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION OF ASIA INSIDE CITY LIMITS? 130. STREET ADDRESS HERSRURG YES X NO [15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST INFORMANT 343 ADDRESE STSIDE I II WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) GAITHERSVILLE APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: arrest Cardia IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which ENSIVE gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 140 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian deoth resulted from: Notural causes Hamicide : Undetermined monner TITLE (SPECIFY) SASMATURE EXAMINER'S NAME WISCONSIN (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 24. FUNERAL DIRECTOR 25a, DATE REC'D, BY REGISTRAR 25b, REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 15M 7/77

A CANADA CONTRACTOR AND THE STATE OF THE STA



completely filled in by the funeral director, page 3 s 1 and 2 should be filed within 72 hours after death

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	O.		
	CEASED NAME FIRE OR PRINT)	RIE	WIDDLE	EL	BERS	20. DATE OF DEATH	12 29	83	630 PM
y	Female		ite	5 DATE O	H DAY _ YEAR	6 AGE (IN YEARS LAST BIR	YRS IF UNI	DER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	RTHPLACE (STATE OR FOREK COUNTRY) New York	U.S		WIDOWE		9 BALTIMORE CITY O	R COUNTY OF C		MD.
	Rockville	Nation	al Luther	an Ho	or other institution	120 USUAL OCCUPATE (TYPE OF WORK FOR MOSTO Housewif	F WORKING LIFE) IN	b. KIND C IDUSTRY	OF BUSINESS OR
13a 3	Md. M	county ontgomery	13c. CITY OR TOWN	N	13d INSIDE CITY LIMITS?	9701 Field	s Rd.	202	878
	Clarence	M IDDLE	Wilson		15. MOTHER'S MAIDEN NAME FIRST Carrie	WIDDIE		oc kw	ood
	VAS DECEASED EVER IN U YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	063-40-5		Gerald L. E	lbers Rock	Valley	Dri	ve,
NO	2900 Conditions, if any, wh gave rise to immedicate to instructions cause to stating underlying cause to	DUE TO, O ich pote the Due TO, O DUE TO, O ich pote the Due TO, O (c)	r as a conseque	NCE OF	Serve cent L			PART 10	0.
CERTIFICATION	19a date of Operation	196 COND	ITION FOR WHICH	OPERATIŌ	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WE IN CERTIFYING YES	RE FINDII CAUSES	NGS USED OF DEATH?
MEDICAL CER	21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this sow the deceased of above, (1) (w) (w) (22b. SIGNATURE	AMINER) HOUR A P. 21e PLACE (AT HOME ST hospitol) ottended th	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA the deceosed from 19	ARM ETC)	DEGREE ATTENDING	RED (ENTER NATURE OF INJURE OF INJUR	WN C	OUNTY	STATE that (1) (we) lost
	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)			22e. ADDRESS				

BP.

TO HOSPITAL

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of Hee IMPORTANT: If hem 21 is

prial-tronsit permit.

23a. BURIAL, CREMATION, REMOVAL 23b. DATE Cremation 12/30/183

Lee's Crematory

23(NAME OF CEMETERY OR CREMATORY

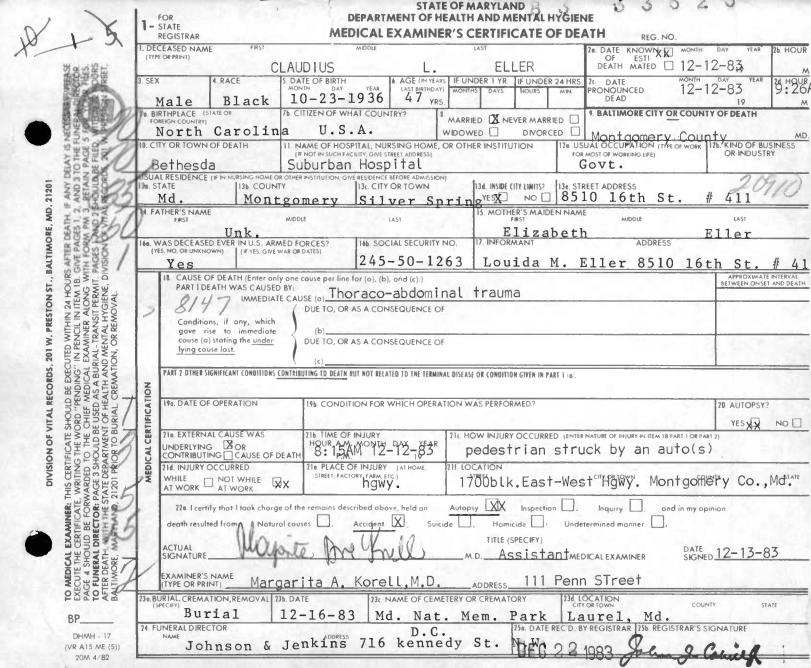
STATE

Gartner Sandison F.H. Gaithersburg, Md. 20877

AATORY 23d. LOCATION
CITY OR TOWN
Washington, D.C.

25d. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
JAN 4 1984

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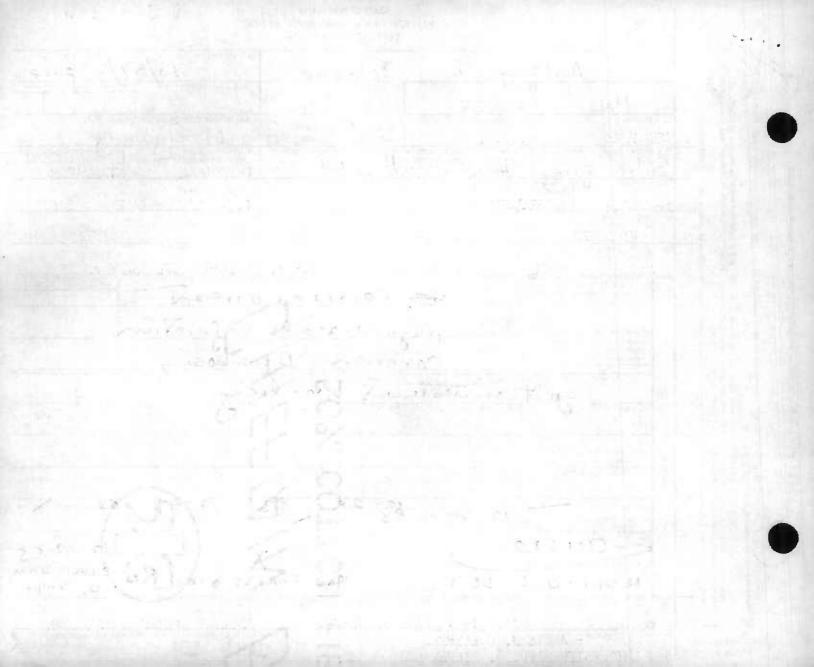
Bethesda, Maryland

(VR A 15 (4))

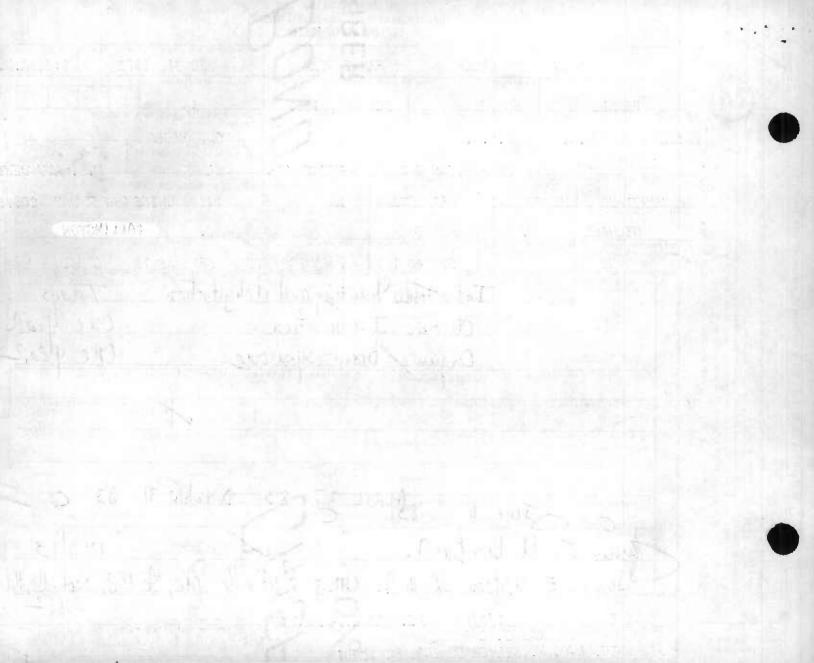
STATE OF MARYLAND

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	1	FOR STATE REGISTRAR	DE	PARTMENT OF HI	CATE OF DEATH	GIENE REG. NO.	302	Ö
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		MALE	CAUCASIAN	MARCH	DAY YEAR	68	YRS. MONTHS DAYS	HOURS MIN.
death. Po	NE	IRTHPLACE (STATE OR FOREIGN COUNTRY) WYORK	U.S.A.	WIDOWE		9. BALTIMORE CITY OR Mont	gonery	MD.
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in 24 hours hours should be filed in by should be filed in by	MA		OR OTHER INSTITUTION GIVE RESIDENCY 13c. CITY OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE TOTAL CONTROL OF THE TOTAL CONTROL OT TH		134. INSIDE CITY LIMITS? YES NO 🗆	130. STREET ADDRESS	ON LANE	20853
MARY maplete omplete ond 2		ATHER'S NAME FIRST VINCENZO	FABI		15. MOTHER'S MAIDEN NA FIRST ANNA	MIDDLE	PASSA	FORO
BALTIMORE, one be execu- ration and crapers. Pages val.		WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) YES WWT	GIVE WAR OR DATES)	15-2529	CHARLOTTE E.	FABIANO WIF	E SAME AS	
201 W. PRESTON ST., I set that the death certific med by the othending phypleose remove carbon pouriol, cremotion, or remotion, or compart, or other troumatic even	NOI		DUE TO, OR AS A COM (b) DUE TO, OR AS A COM (c)	ISEQUENCE OF	an Mi	mess infaro combo minal Disease or condi	Ton	MMATE INTERVAL ONSET AND DEATH
RECO	CERTIFICATION	190. DATE OF OPERAT OF	19b. CONDITION FOR	WHICH OPERATION		YES NO	20b. IF YES, WERE FIND II IN CERTIFYING CAUSES YES	NGS USED S OF DEATH?
PHYSICIAN ending phy: this certificate buriol-troad Mental H d or Hem 18	MEDICAL C	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE	EATH HOUR A.M. MONT	19	21f LOCATION STREET	CITY OR TOW		STATE
HOSPITAL OR ATTENDI ined by the hospital or FUNERAL DIRECTOR: A wide be detached for use the State Dept. of Heal ORTANT: If them 21 is m.		22a.1 certify that (I) (this has	14	_19_ <u>63</u> , and	ATTENDING PHYSICIAN [death occurred on the date MEDICAL STAFF DIRECTOR PHYSICIA EST (LEW)	e and hour and from the	
₽₽ ₽₽ <u>\$</u>		BURIAL, CREMATION, REMOVA (SPECHY) BURIAL	JAN. 3. 1984	GATE OF I	METERY OR CREMATORY	23d. LOCATION CITY OF TOWN STLVER SPR	COUNTY	STATE
DHMH - 16 50M 4/82 (VRA 15, 4)		O UNIVERSITY B			MD 250. DA	JAN 6 1984	b. REGISTRAR'S SIGNAT	



	1.	FOR STATE REGISTRAR			DEPAR	RTMENT OF H	OF MARYLA EALTH AND N ICATE OF D	AENTAL HYGII	ENE	3 3 REG. NO.	0 2	7	
12		CEASED NAME	FIRST		WIDDLE		AST		20 DATE OF				HOUR
10			MARY		LEN		RRINGTO		4.05	DEC 31			3:40 A. A
(NA)	3 SE	Х		4. RACE		5. DATE C	DAY	YEAR	AGE (INY	EARS LAST BIRTHD	MONTHS	DAYS HO	
	70 B	FFMALI		WHITE Th CITIZEN OF	WHAT COUNTR	Y2 8	,	1897	9 BALTIMO	RECITY OR C	YRS. OUNTY OF DE.	ATH	
4 / 1 / A /		COUNTRY		78 C1112E14 O1		MARRIE	D NEVER M	ARRIEDXX					
4 (24 PT	IIA S	HINGTON ITY OR TOWN O	D C F DEATH		HOSPITAL, NUR				12a USUAL	NTGOME	12b.	KIND OF BU	ISINESS OR
4 4 6/	1	KENSING	TON		CHEACILITY, GIVE STR		LUMATA	עומון		K FOR MOST OF W	ORKING LIFE) IND	USTRY	HUIL OFT
212 mm 212	USU	AL RESIDENCE (IF NURSING HOME (OR OTHER INSTITUTION	TNGTON GIVE RESIDENCE BEF 13¢ CITY OR TO	ORE ADMISSION)	13d. INSIDE CI	10,110,116		LERK ADDRESS / ZI	D CODE	4.5.1	IAVY DEF
N 7 1 10 75		ARVI AND		TGOMERY		ESTOWN.	YES Y	NO []			HITE WA	TER WA	V 2087
1 能量	14, F.	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S	MAIDEN NAM	E	MIDDLE		IASI	
W 9 00 190		MICHA		J.	FARRING			ANNA		C.	COLL	INS	
A get of		YES, NO OR UNKNOW		RMED FORCES? GIVE WAR OR DATES)			17 INFORMAN			ADDRESS			
A STATE OF THE STA	-	NO		anly ane cause pe SED BY:	*	60 1672	MARY	/ MOFFET	IT.	SAME A		COUST APPROXIMATE ETWEEN ONSE	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN. The law requires that the denth cents after the certificate has been signed by the attending p as the Buriol-trains seems. Then place a mass content hand Assertal In galene point to build. Cremation, or rem order ochem 18 show any righty, or other traumodic re-	CENTIFICATION	Canditions, if gave rise to cause (a), underlying	dny, which immediate stating the couse last.	(b) DUE TO, C (c) (CONDITIONS C	DR AS A CONSECUTION FOR WHI	DUENCE OF	NOT RELATED		Me_NAL DISEAS		ION GIVEN IN F		year year
Per la	INC.	IN DATE OF O	PERATION	176 COINE	MION FOR WHI	CH OPERATIO	IN WAS PERFO	KMED	YES 🗆	NOTE	CERTIFYING C	AUSES OF	
T 10 10 10	1 8	21a. ACCIDENT W		216. TIME (0.17 75.10	21c. HOW IN.	JURY OCCURRE			ITEM IS PART I OR		
A P P P P P P P P P P P P P P P P P P P	1		G CAUSE OF D	EAIN	.M. MONTH	DAY YEAR							
No separate	MEDICAL	21d INJURY O			OF INJURY	F FARM FIC 1	21f LOCATIO	N		CITY OR TOWN	COL	UNTY	STATE
NO NO HE STATE OF THE STATE OF	1	AT WORK	AT WORK		meet, riverous, orri	Α		- ca	X		21 0	2	
0 4 4 9 E	10			pital attended to	herdeceased from	C - 5	1	, 19 8 2	10_110	COMPOR	31 19 0	, that	(we) last
ATTE Septim d to:		above ily	well (did (did)	view the body	v ofter death			(our) opinian de	eath accurre	d an the dote	and hour and fr		es stated
TAL OR THE	1	time	18.	Willio	mars	1.	P	TTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAL		12 31	£3
O HOSPIT TO FUNER MADWID DE		Jan		· Wils	on, JR.	M.D.	11125	- Kod	ville	Vike,	\$ 103	Rec	Eville Ma
-	230.	BURIAL, CREMAT (SPECIFY) BURIAL	TION, REMOVA				EMETERY OR C		23d. LOCA	ORTOWN	COUNT	1 20	55.2
BP	74. F	BURTAL UNERAL DIRECT	OR EDIL	1/3	3/84	MT. OLI	VET CEN		REC'D. BY	HINGTO	REGISTRAR'S S	SIGNATURE	0 0
DHMH - 16 50M 4/83 (VRA 15, 4)		NAME		CIS J. (W. SILVE			0001	JAN		1984	Jo an	J. Col	well

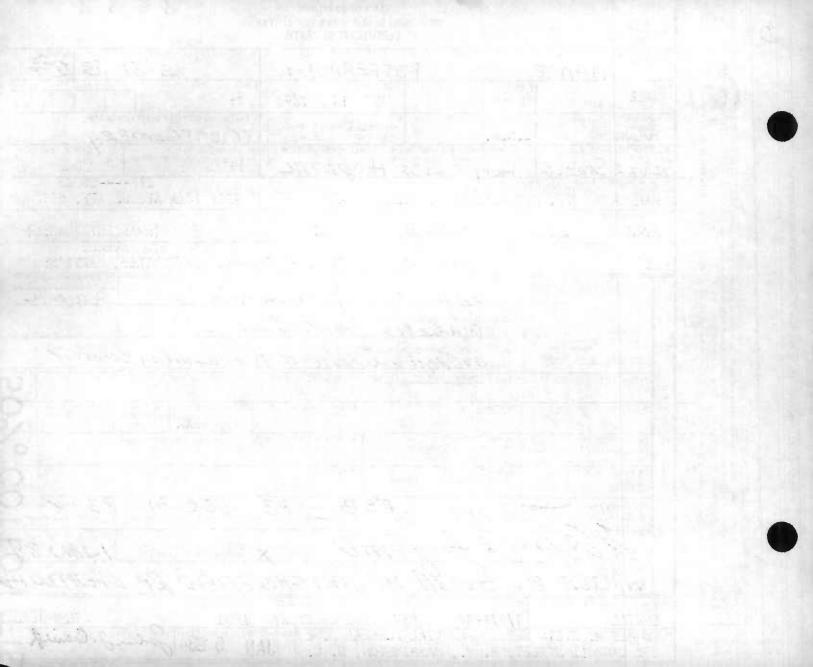


y, d. mari. ol elio Cerrie ≥ The Total No Control The state of the s The state of the s sential II-21-1988, Arling on Maisonal Arlington, Victima on Just 12 Double a C.

			FOR	STATE OF MARYLAND	
101			STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
X		1. DE	CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH DAY	YEAR 25. HOUR
	Mary Maria	{TYP	E OR PRINT) Charle	FERNEY DEATH MATED DICOS	19 FZ M
	500	3 SEX	4 RACE	S DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20. DATE MONTH DAY	VEAR 24 HOUR
			MW	0 cm 2d 24 5 Gyrs. DEAD Dec 21	180 3 7 W
-	SA S	7a BI	RTHPLACE (STATE OR REIGN COUNTRY) 6	75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OF COUNTY OF WIDOWED DIVORCED	PULV
-	THE PARTY OF THE P	10. C	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORL 120 K	IND OF PUSINESS OR INDUSTRY
	DELAY IS TO THE N PAGE 105, 201	7	Si'l Sper	Frank C. A. L. C. Franks Director	neral Ind.
10	(a) - (1) (x	USU/		OR OTHER INSTITUTION, GIVE RESIDENCE BY ORE ADMISSION)	110
0.21201	IF ANY 3. RETA SHOUL		ma h	Conde Sillipa YES NO DOTOUGEDV912 LIVE	pt, 426A
E, MD.	H-XOF/	5	THER'S NAME	MIDDLE LAST IS MOTHER'S MAIDEN NAME MIDDLE	LAST
MOR		16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 25746	hain Bridge
BALTIMORE,				I British Army 137-16-4671 Mr. Paul J. Rea, Rd. Apt Tz Vien	na 10 22/80
:	JURS AF 18. GIVI WITH III. PAG		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE)	any and cause per fine (a), (b), and (c).	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
JN ST	24 HOUR ITEM 18. ONG W PERMIT. SIENE, D			TE CAUSE (0) DEVELOPED AT CHRY	->~~
PRESTON	NOV MOV		Conditions, if day, which	DUE TO, OR AS A CONSEQUENCE OF	
	WITH NER RAN TAL		gove rise to immediate		
201 W.	IIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUNTING THE WORD "PENDING" IN PENCIL IN ITEM 18 REDED TO THE CHIEF MEDICAL EXAMINER ALONG VEES SHOULD BE USED AS A BURIAL - TRANSIT PERMIT TO PERATH AND MENTAL HYGIENE, 201 PRIOR TO BURIAL HAND MENTAL HYGIENE, 201 PRIOR TO BURIAL CREMATION, OR REMOVAL.	1	couse (o) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
	EXECUING" IIING" IIING" IIING" IIING		PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	
RECORDS	BE ED NOIN SA E	N	None		
	PEN MEA	¥	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20	AUTOPSY?
IIA	SHOULD ORD "PE CHIEF N E USED / T OF HE/ URIAL, O	CERTIFICATION	None		YES NO
OF VITAL	E WO	CER	216 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
	ERTIFIC ING TH ED TO 3 SHOU PRIOR	CAL	UNDERLYING OR CONTRIBUTING CAUSE OF L	DEATH P.M. 19	
DIVISION	CERTIFI TING 1 DED TO DEPAR 1 PRIO	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
٥	R. THIS CERTIFICA TE, WRITING THE RWARDED TO THE RPAGE 3 SHOUL STATE DEPARTM 5, 21201 PRIOR TA		AT WORK AT WORK		
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 P		22a I certify that I took charg	ge of the remains described above, held on Autapsy , Inspection , Inquiry , and in my apinion	
	EXAMINER: CERTIFICATI JUD BE FOR DIRECTOR: WITH THE		death resulted fram: Natur	ral couses . Accident . Suicide ., Homicide . Undetermined manner	
	MAN WANTER		ACTUAL SIGNATURE 2	TITLE (SPECIFY) M.D. MEDICAL EXAMINER DATE OF SKINED C	c27 1783
	MEDIC CUTE THE SE 4 SH FUNER ER DEAT			Jan 1999	
	A GEORGE		(TYPE OR PRINT)	OHN 5 ROBERS ADDRESS STIVER SPAIN	c, Md.
	5 A S S S S S S S S S S S S S S S S S S	23a.B	JRIAL, CREMATION, REMOVAL 2	236 NAME OF CEMPTERT OR CREMATORY 23d LOCATION CITYOR TOWN	# STATE
	BP	24 F	JYERAL DIRECTOR	Vec 29 1933 Chambers Crematery Riveretale 1.6.644	Maryland
L	DHMH - 17 (VR A15 ME (5))	IN	MAME DI	Ca Stick of Au 55 Md 200 1AN 4 1984 Johns	, takely
	20M 4/R2	-	W. Chambers	Cours Ca Mic 35 MIN - MY OAM	

Cokerela 2524 Chain Bridge Yes some sidering 137-16-4671 Ali Part J. Rea. RIAHTE VICEN Walter 37 (co 37: 18) Mile . En water in Te 1913 Chambers Committee Kinestille I Eilly Marford If In Charebous Co Stas Coa Me 55 Ald a Sta

3	1 -	FOR STATE REGISTRAR			DEPAI	RTMENT OF H	EALTH AND I	MENTAL HYG	IENE	REG. NO.	0	€ 5 KM		
the contract of the contract o		CEASED NAME OR PRINT) OR A	FIRST		AIDDLE		ERMA	927	26. DATE OF	DEATH MON	31	YEAR 83	26. HOUR 200	4
oge 4 mo		ALE		VHITE		MAY"		1898	85	EARS LAST BIRTHDA	YRS.	UNDER I YEAR	IF UNDER 24 HRS	-
deoth. Page	j	RTHPLACE (STATE OR FO OUNTRY) OLAND TY OR TOWN OF DEA!	l	u.s.A.	WHAT COUNTR	MARRIE	The same of the sa	VORCED	mo	NE CITY OR CO	om E	RY	M	-
nurs offer n by the e filed with	SI	IVEL SPRO	ENGE	HO V	HOSPITAL, NUR H FACILITY, GIVE STR	SS H	SPLT	TAL	MERC	CCUPATION FOR MOST OF WO HANT	ORKING LIFE)	PRODU		
hin 24 ho ely filled i special by	M	AL RESIDENCE (I NURSI TATE ARYLAND THER'S NAME	PR. GI	ĚORGE'S	HYATTS	VILLE	134. INSIDE C YES INSIDE C	NO SMAIDEN NA		14th	AVENU	E APT.	201	_
Couted with complete	A	UROHOM VAS DECEASED EVER I	MOISHE U.S. ARM	ED FORCES?	FEFFER		HANN 17. INFORMA			MIDDLE 8 3 PORES 1			INABLE)	-
ALTIMORE, te be execute be executed in the best of the section and control of the section of the	K	(S NO OR UNKNOWN)		WAR OR DATES)	118-28		JANE	T FEFFE	ERMAN,			, MARY	LAND	_
requires that the death certificate signed by the ottending phy. Then please remove carbanpa refoundi, cremotian, or removinjury, or other traumatic event	NOI	PART 2. OTHER SIGN	which ediate the lost.	CAUSE (0) (b) (b) (c) (c)	RAS A CONSECTION OF AS A CONSECTION OF A CONSEC	DUENCE OF SUBSCIEDS	mel	Cled v	Chore INAL DISEAS				veels	
TAL RECO	CERTIFICATION	190 DATE OF OPERAT		196 CONDI	TION FOR WHI	CH OPERATIO			YES [NO KX	CERTIFYIN YES [NGS USED OF DEATH?	
DIVISION OF VITAL RECORDS NG PHYSICIAN: The low requi offer this certificate has been sig as the buriol-transit permit. They th and Mental Hygiene prior to the hand Mental Hygiene prior to the ond wental 18 shows any injury	MEDICAL CI	OR CONTRIBUTING CITE EITHER, NOTIFY MEDIC	LUSE OF DEATH	HOUR A.	M. MONTH M. OF INJURY	19	21f. LOCATIO	JURY OCCUR	KED (ENTER NA	TURE OF INJURY IN	ITEM 18 PART	COUNTY	STATE	-
TO HOSPITAL OR ATTENDING PA retoined by the hospital or after th Should be detached for use as the with the State Dept. of Health and MAPORTANT: If them 21 is marked.	W	WHILE NOT WHI AT WOR 270 I certify that (1) sow the decase obove, If we 1 of 270 SIGNATURE 274 PHYSICIAN'S NA	thic bosonte d olive on_ (did not)	oftended the 31 D view the body	EC 19	m_FF	nd that in (my)	(our) opinion	MEDICAL	EP 2		92	that (we) los couses stated	1
BP	E	URIAL, CREMATION, F SPECIFY) BURIAL		1/3/19	84	RIVERS		KETERY	LODI	OR TOWN	2	OUNTY	VEW JER:	SE!
DHMH - 16 50M 4/B2 (VRA 15, 4)		OUNAL DEGMAR S 132 CARROLL			MEMORIA W., WAS				AN 5	1984	TO COL	E SENCE	thulf	ij



PJ.	1-	FOR STATE REGISTRA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	0	0	C	5

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	٥.		
ij		CEASED NAME	FIRST	1	MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
i	(TIPE	OR PRINT)	REBA	BRYN	OL	FEI	NBERG	December	18,	1983	4:40A M
	3. SEX			4. RACE		5. DATE (6. AGE IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	
0.0	Fe	male		White			ember 21,1954	28	YRS	MONINS DATS	HOURS MIN.
2		RTHPLACE (STAT	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.		9. BALTIMORE CITY O		Y OF DEATH	
l	C	Wash.	D.C.	U:	SA	WIDOW	D NEVER MARRIED TO	Montgomer	y Cou	inty,	MD.
8	10.CI	TY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPATION OF THE OF WORK FOR MOST O			OF BUSINESS OR
7	Be	thesda		Clinic	al Cente:	r N	IH, Ine	Salesper			t. Store
C		L RESIDENCE (F					4134 INSIDE CITY LIMITS?	Darob			
2	1,000	ryland	132. 000.		Wheaton		YES X NO		aill	Rd	20906
-	14. FA	THER'S NAME		ALIDDI E	1457			ΛE			
			el el	Middle	Feinberg	3	Esther	middle		Hecht	.51
1					166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
١.,	17	NO NOW	X		215-58-9	710	Mr. Sam Fein	berg, fathe	r, sa	ame as	patient
P		18 CAUSE OF D	EATH (Enter or	nly ane cause per	line far (a), (b), and	d (c).)				BETWEEN	MATE INTERVAL
	21	PART I, DEA			Hodgkin'	s ars				133	
H		2.01	6		R AS A CONSEQUE	NCE OF	para-aortic ly	ymph nodes			
ij				(b)_							
		cause (a),	stating the	DUE TO, O	R AS A CONSEQUE	NCEOF					
		underlying o	ause last.	(c)							
	-	PART 2. OTHER	SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART 1	ta
	CERTIFICATION	DV.Jt.									
	S	19a DATE OF OF	PERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?			
L	1			7 40 700 0			Tax transfer and a second	YES X NO		10.00	№ □
			The same of the sa	LIGHT A		AY YEAR	THOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)	
	MEDICAL					19					
	MED					ARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
						Ont ob	27 97 99	Doggmbo	₂₀ 10	02	
		220.1 certify the	ENCE (IF NUISSON CHORDER ON THE RUSTITUTION, OWN RESIDENCE REPORT COMPANDED IN SUCCESSION IN SUCCESS								
	77	abave, H	ve) (did) who we	view the bady	after death.	, 0		seam accorred on the ac	ire and no		
		22b. SIGNATUR	(1/1/11	111.	-		ATTENDING	MEDICAL STAF	F	12 I	1 /
1	1	224 PHYSICIANI	S NAME (TYPE					DIRECTOR PHYSIC		Nationa	1
			The second second				THE C	THITCAL CELL	LEL,	Martolla	THOUT -

DHMH - 16 50M 4/82 (VRA 15, 4)

should be detached with the State Dept. MPORIANT: If he

MD

lendeninn

236 BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATION CONTROL 24. FUNERAL DIRECTOR 24. FUNERAL DIRECTOR 25. FUNERAL DIRECTOR 26. FUNERA Mt. Lebanon Cem.

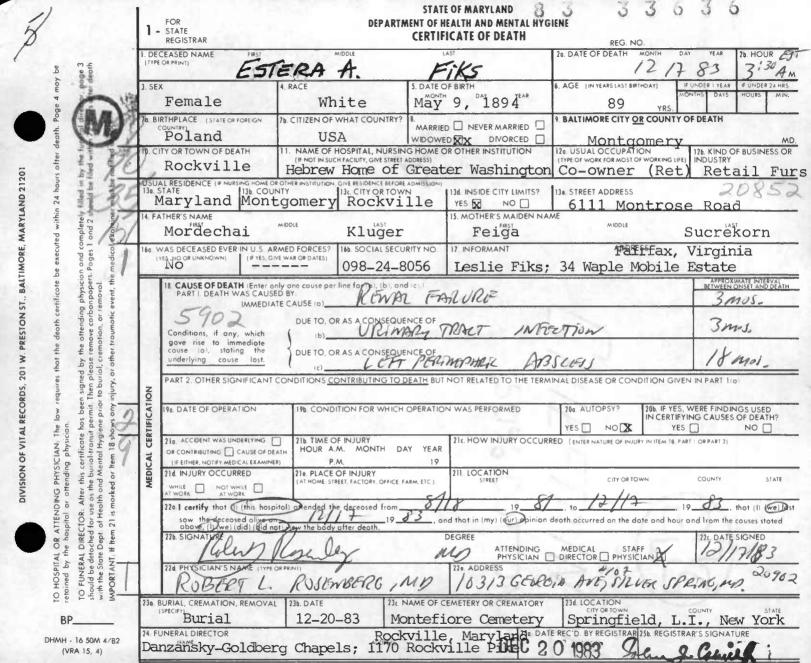
23c. NAME OF CEMETERY OR CREMATORY

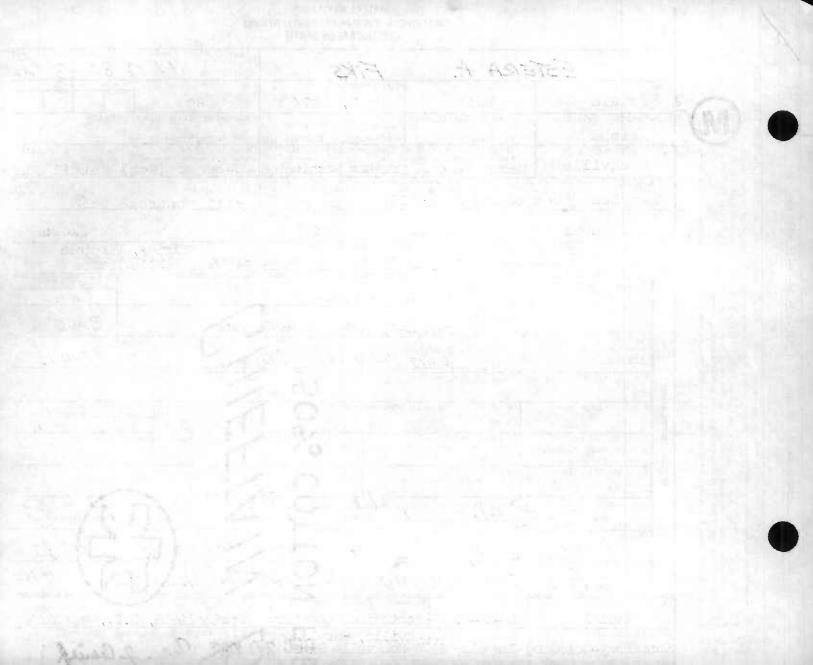
tutes of Health, Bethesda, MD

23d LOCATION
CITY OR TOWN
Hyattsville, Md.

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The same person in the conmiliand leathers are a second to boulet





Danzansky-Goldberg Chapels; 1170 Rockville Pike

(VRA 15, 4)

STATE OF MARYLAND

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		eo (1) par		
		Marie Contract		
			erg Chapeus; 11.	Lenzansky-Gold

3	FOR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H	Science 3 3	6 3 8
WI I	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	WIDDLE	LAST	28 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
200	Sam	uel A	Fisher	December	07.83 0140
3	SEX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
urs offer	MAIE	Black	NOU, 21, 1917	66 YRS	
AV9 2	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	MONTGON	NERY M
15	PATY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS O INDUSTRY
	SUAL RESIDENCE (IE NURSING HOA	AE OR OTHER INSTITUTION GIVE RESIDENCE BE	HOUSE/ITST HOSPIT	al MHDOTER	10000
3 (1)	30. STATE Md 136 M	AE OR OTHER INSTITUTION GIVE RESIDENCE BE SUNTY 13 CITY OF TO MITCH STATE OF THE	ersburg yes No	17060 KING	James Way
3 -	FATHER'S NAME FIRST AUR	CE K. Fish	15. MOTHER'S MAIDEN	DOVA SIMI	ns LAST
1	(IF YE	ARMED FORCES? 166 SOCIAL SES, GIVE WAR OR DATES)	OTTO HORANT	Duffin (SISTER)	259 Clopper I
0 1	18 CAUSE OF DEATH (Ente	er only one couse per line for (o), (b),	ond (c).)	(0.0,00)	APROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DE ATH WAS CA	USED BY: DIATE CAUSE (0)		21-11-11-1	24 low
carba or re	3451	DUE TO, OR AS A CONSE	QUENCE OF .		7 1.
fion, oum	Conditions, if ony, which	(16) ausi	cic Enceph	alopathy	5 docepo
other tr	gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSE	QUENCE OF WAR CO	silepsy	years.
burial ry, or		NT CONDITIONS CONTRIBUTING		ERMINAL DISEASE OR CONDITION	GIVEN IN PART ITO DAY &
it. Then ior to bu	198. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	Type Probeto		solensino agra	tuleraloses
Edo	190. DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATION WAS PERFORMED	200 AUTÓPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
5 B 4	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21, HOW INHURY OCC	VES NOTEL	YES NO
ental-tran	OR CONTRIBUTING CAUSE O	F DEATH HOUR A.M. MONTH	DAY YEAR	CORRED (ENTER NATURE OF INJURY IN ITEM	IS PART I ORPARI 2)
- 0 ±	(IF EITHER, NOTIFY MEDICAL EXAM	21e. PLACE OF INJURY	211 LOCATION		
	ANTIEL NOT WHILE	(AT HOME STREET, FACTORY, OFF)		CITY OR TOWN	COUNTY STATE
alth one morked		ospital) attended the deceased fro	9-1/84 10 7	1 10 Dec. 7	_, 19_6_2, that (I) (we) la
of Hed	sow the deceased alive	e on Dee 6	(0)	ion death occurred on the date and h	, ., , , , , ,
	obove, (I) (we) (dul) (di 22b. SIGNATURE	d not) view the body ofter death.	DEGREE	/	22c. DATE SIGNED
± 0 0 ±	J. A.	Tournett	ATTENDING PHYSICIAN		12/7/8
old be deto	22d PHYSICIAN'S NAME (T	YPEOR PRINT	220 ADDRESS	DIRECTOR PHYSICIAN	1/5///05
should be de with the Stote	JOHN	5. FAWCett.	M.D. 16610 Sug	narland Kd 2	awsonille N
Shoot Market	N. BURIAL SPEMATION, REMO	VAL 776 DATE	L NAME OF CEMETERY OF CREMATON	236 LOCALION	- 1 1 A
_	DURIAL	12-13-83	11t. HION Cemer	lery Dickerso	1. Nonta III
50M 4/83	HUNERAL DIRECTOR	C 1246	WILL ASh. OTI DE	DATEMEC D. BY REGISTINABLES REG	STRAKSSIGNATURE
4)	Deorge X,	Showden X	DCKUILLE MIGHE	4 1 2 1983 Hay	2. Car A

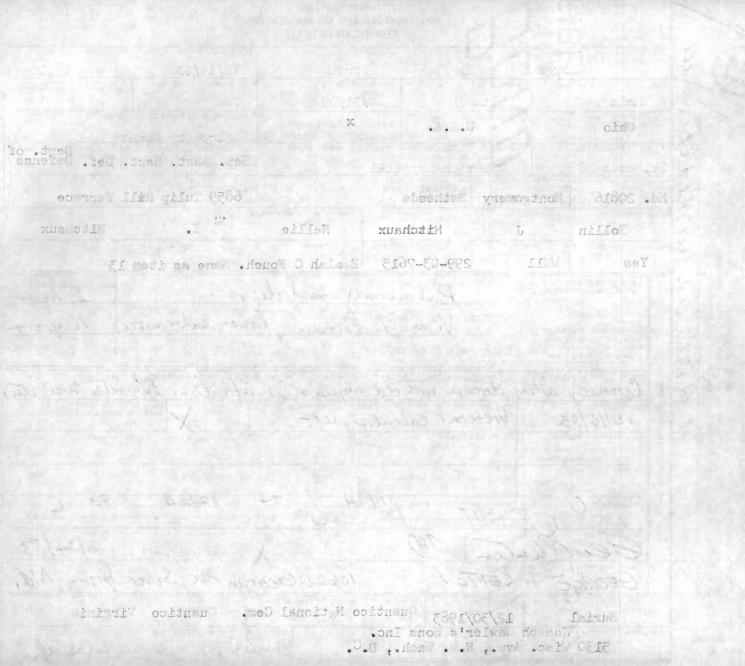
5 Cluck Val. 21, 1877 S. KKE L. lite the terms have a street had almost with Miller Miller C. K. 1-3 her Sin Der Contract State Contract Contra many property of the same SHOULD BEAR WITH HAR HAR BELLEVILLE TO SHOULD BE THE STATE OF THE STAT from the college when I will be the second the second with the second with the THE WILLIAM SHIP SHOP CHARLE SHIP HERE SHIPS THE Some King and Title X & Deal 2 to See the

(VRA 15, 4)

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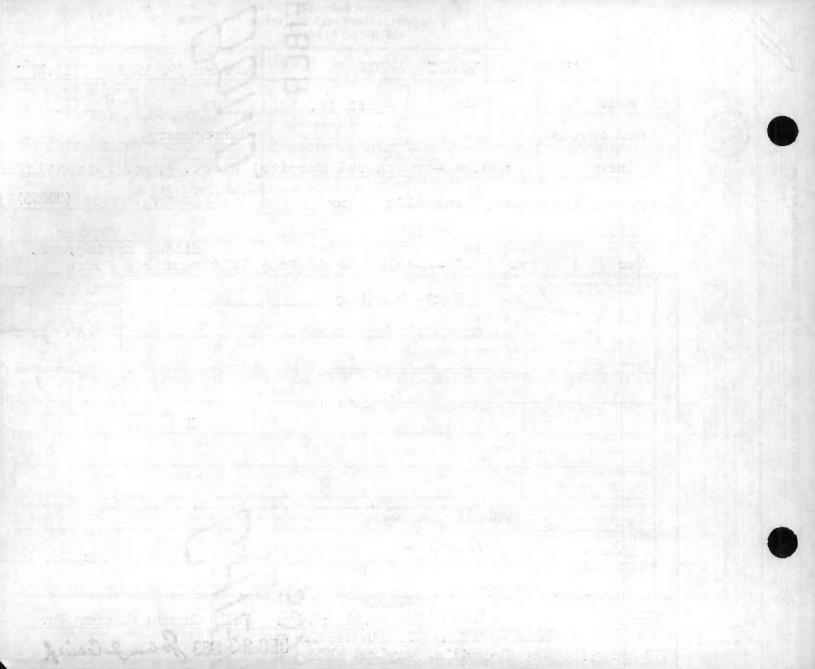
FOR STATE PECISTRACI PROPERTY.	DEPARTMENT OF HE. FOSS # EDICAL EXAMINER	ALTH AND MENTAL HYGIENE	3 3 6 4 0
T. DECEASED NAME (IVPE OR PRINT) 3. SEX Male RACE White	DATE OF BIRTH 1905 6. AGE (IN YEARS AONTH DAY 1905	IF UNDER 1 YR. IF UNDER 24 HRS. 2c. [MONTHS] DAYS HOURS MIN PRON	ATE KNOWN DO MONTH DAY YEAR OF ESTI- ATH MATED DATE OUNCED DEAD ATE OUNCED DEAD
7a BIRTHPLACE (STATE OR FOREIGN COUNTRY) AL ID. CITY OR TOWN OF DEATH	6. CHIZEN OF WHAT COUNTRY? 8.	MARRIED PREVER MARRIED 9. BA	LTIMORE CITY OR COUNTY OF DEATH
USUAL RESIDENCE (IF IN AURSING HOME OR IS)	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	FOR MOST O	gyman OR INDUSTRY Church
14. FATHER'S NAME FIRST Francis Mar	MIDDLE LAST FOSSETT ED FORCES? 166. SOCIAL SECURITY N	15. MOTHER'S MAIDEN NAME OILIE O. 17. INFORMANT	
TRACEBOR DEATH (Enter only PART I DEATH WAS CAUSED BY PART I DEATH WAS CAUSED BY Conditions, if Jony, which gave rise to immediate cause (a) stating the under-	one cause per line for (a), (b), ond (c).) BY:	Pulmonary, Fracture	A VROST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH O X NOCK
< / / -	INTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL		20 AUTOPSY?
190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE 210. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED (ENTER NATURE	YES NO PE
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	of the remains described obove, held an Lauses		DATE M
230. BURIAL CREMATION, REMOVAL 23b	DATE 234. NAME OF CEMET	ADDRESS 1919 Seminar ERY OR CREMATORY 23d LOCATE CHYOR TO	ry Rd. Sil. Spg. MD 20910
	/13/83 Oak Hill O Gawler's Sons, Inc. e. N.W. Wash., DC 200	11000	ericksburg, VA STRAR 256 REGISTRAR'S SIGNATURE

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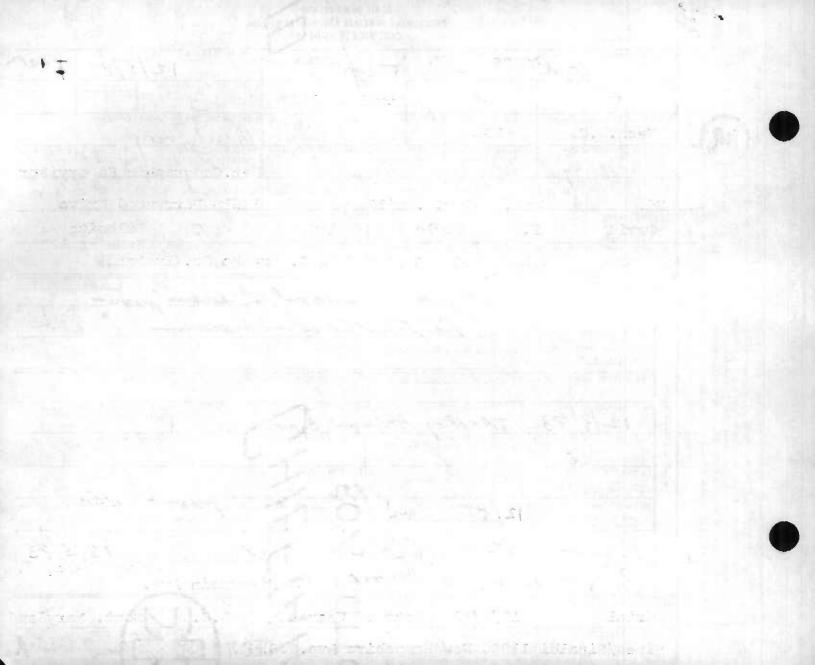
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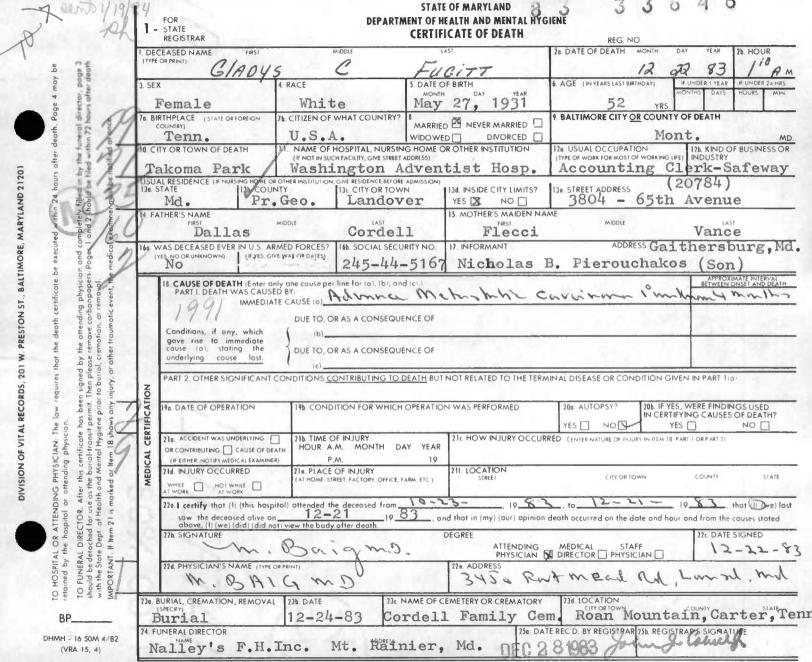


1	١.	FOR STATE		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	Siene 3 3	5 4 3
/E/A	L	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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ge 4. Top	3. SE	×	1. RAC aucan'ay	5. DATE OF BIRTH MONTH SAY YEAR		FUNDER 1 YEAR IF UNDER 24 HRS
sorh. Page 172 hour		IRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY O	OF DEATH
by the fur	10. C	Si lue	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
AND 2120	USU 130	STATE THE COUR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	FADMISSIONI	130 STREET ADDRESS	120910
maryla within uted within and 2 she	14. F.	ATHER'S NAME	MIDDLE LAST HIGGS	15 MOTHER'S MAIDEN NA	ME	MURPHV
ORE, A		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT		ADDRESS	MURPHY
BALTIMORE ate be executable by spers. Pages val.		YES, NO OR UNKNOWN) (IF YES, GIV	577-10-	8504 SHERRIE ANG	F SAME AS 13 GRA	ANDAUGHTER
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PRESTON S ne death ce re attending rmaye carb matian, ar r		440 9 Carlditions, if any, which	DUE TO, OR AS A GONSEQU	ENCE OF		years
hat the by the asserter of the		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF Cleronis		years.
RDS, 20 equires to signed. Then ple to take burial injury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART I (0
AL RECORDS, The low requirion. In the speed signification of the speed signification of the speed signification of the speed sory injury.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NOW YES	WERE FINDINGS USED ING CAUSES OF DEATH?
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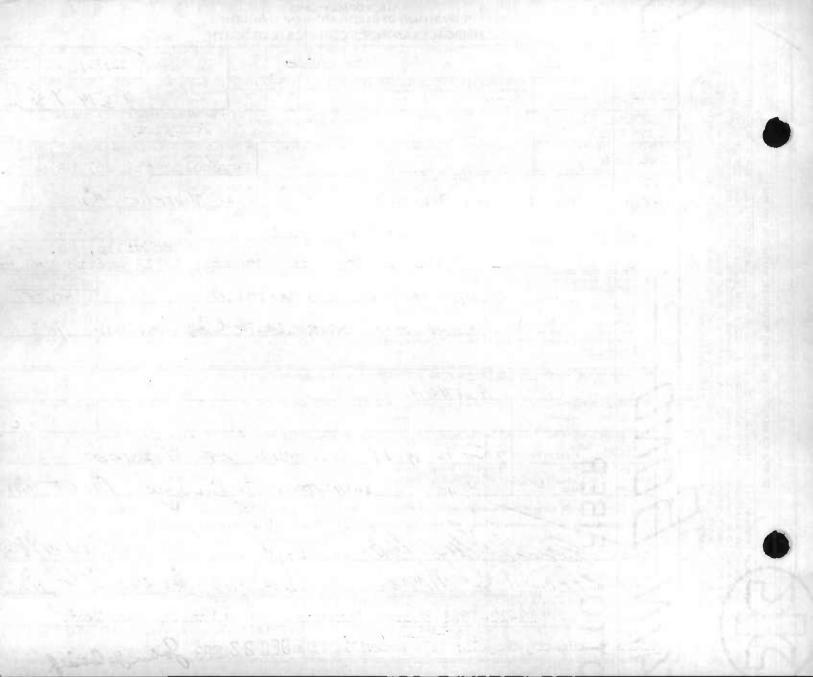


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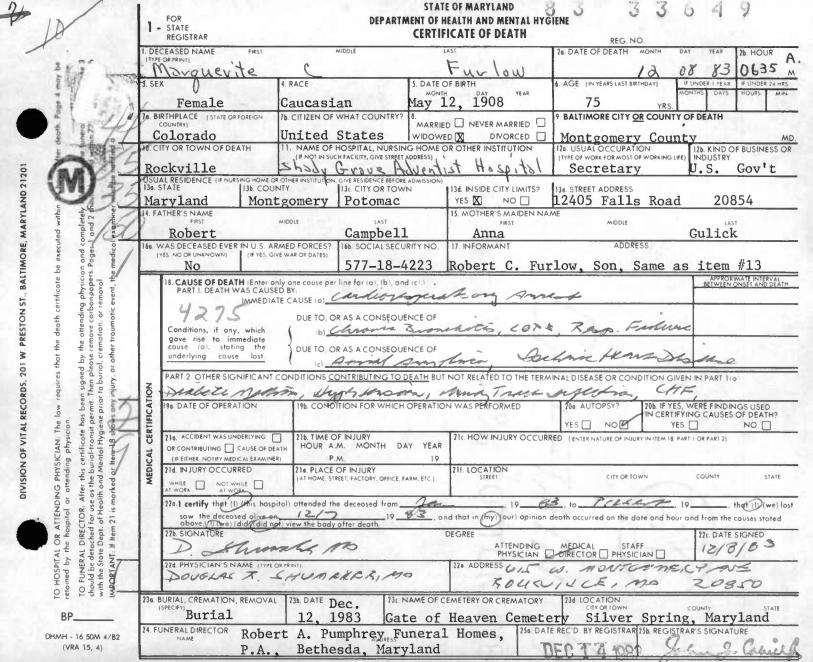
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN MONTH 2a. DATE 26. HOUR POPULATO (TYPE OR PRINT) Eli. OF ESTI-DEATH MATED Frankfeldt 832A 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR SEX DATE White 4719/10 PRONOUNCED Male DEAD 7a. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED XXIEVER MARRIED FOREIGN COUNTRY) Montgomery USA New York DIVORCED D. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Bethesda Suburban Hospital Psychologist (Ret) US Govt. 13d. INSIDE CLEY LIMITS? 13g STREET ADDRESS MONTE ONIEL ROCKUTULES MODIROSE MO 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Michael Frankfeldt Feldman Annie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Rockville, Md. (YES, NO. OR UNKNOWN) 13813 Arctic Avenue 117-09-6387A Carol Munach; CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a) MYOCARDIAL ACUTE DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which ATERIOSCLERETIC CAMBIOUASIVIADO gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 45THMA 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO Z 210. EXTERNAL CAUSEWAS 716 TIME OF INJURY CONTRIBUTING CAUSE OF DEATH 71f. LOCATION TIE PLACE OF INJURY AT WORK AT WORLE 220 I certify that I took charge of the remains described above, held an Autopsy Homicide tural causes Suicide Undetermined monner TITLE (SPECIFY) EXAMINER'S NAME 23c. NAME OF CEMETERY OR Valhalla, New York 12-22-1983 Sharon Gardens Burial BP. 24 FUNERALDIRECTOR Rockville, Md. 25a. DATE REC'D. BY REGISTRAR Danzansky-Goldberg Chapels; 1170 Rockville Pike DEC 23 **DHMH - 17** (VR A15 ME (5)) 20M 4/82

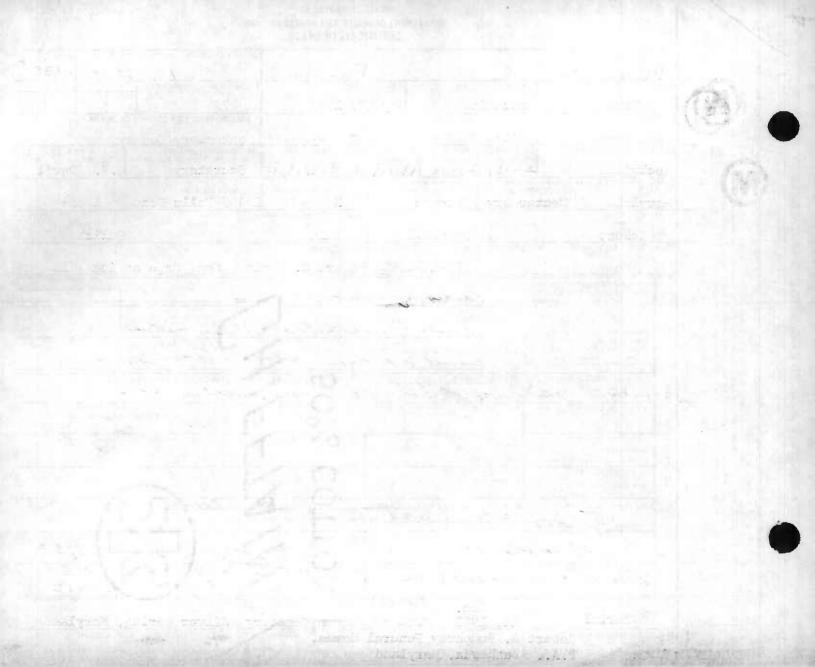


DEPARTMENT OF HEALTH AND MENTAL HYGIEVE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 26 HOUR KNOWN FX MONTH 20. DATE (TYPE OR PRINT) 83 DEATH MATED Anna Freedman 6. AGE (IN YEARS | IF UNDER TYR. 25H948 4 RACE DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCED 12/22 19 83 Dec. 28, 1895 DEAD White Female THE CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Montgomery County Russia WIDOWED IX DIVORCED 120. USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS B. CITY OR TOWN OF DEATH 11. MAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION thevy Chase Nursing Home Housewife Silver Spring Home 134. INSIDE CITY LIMITS? 138 STREET ADDRESS D.C. Washington YES X 5420 Connecticut Avenue, N.W. 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Tillie Theodore Rubin Krinzman 7 INFORMANT ADDRESS Maryland 20906 IN SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 219-48-8716 Loretta Freedman: 12625 Lavhill Rd., S.Spg. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Acute myocardial disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which chronic myocardial disease. gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or Fracture of right hip 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 9/5/83 Fracture of right hip YES NO TO 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 UNDERLYING OR Fell out of bed CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME IL LOCATION WHILE AT WORK Retirement home Connecticut Ave., N.W., Wash., D.C. 220. I certify that I took charge of the remains described above, held an and in my opinion Natural causes Undetermined manner death resulted fram TITLE (SPECIFY) ACTUAL DATE 12/23/83 SIGNATURE 1919 Seminary Road EXAMINER'S NAME John S. Rogers, M.D. Silver Spring, Montgomery, Md. TYPE OR PRINT 230 BURIAL CREMATION REMOVAL 236 DATE 23r. NAME OF CEMETERY OR CREMATORY 12/26/83 Burial King David Mem. Gdn. Falls Church; Fairfax; Virginia 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS **DHMH - 17** (VR A15 ME (5)) 1170 Rockville Pike: Rockville, Md. 20852

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(VRA 15, 4)

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W.W.CHAMBERS CO., 8655 Ca. Ave. SS, Md. 2 1910 92

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STATE OF MARYLAND	8
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	

	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	3 3 3 IENE REG. NO.	3 0 5 3
	I. DECEASED NAME FIRST (TYPE OR PRINT)	E 3.	GASTON	20 DATE OF DEATH MO	2 - 18-83 LO:30 A
1	3. SEX 3e MALE	A RACE Black	5. DATE OF BIRTH MONTH DAY YEAR 4 04 05	6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? Haiti	MARRIED NEVER MARRIED	MONT GO	
	Silver Spring	(IF NOT IN SUCH FACILITY, GIVE STREET	oss	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W HOUSEWIFE	
	10010	rother institution give residence before NTY 13c. CITY OR TOW Silver S	I 13d. INSIDE CITY LIMITS? Spring YES 18 NO	13e STREET ADDRESS 2411 Lytton	sville Road
1	14. FATHER'S NAME FIRST Joseph	Bernard LAST	15. MOTHER'S MAIDEN NA. Estella	Boncoeu	
I	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 220-94-9	0265 Alerte Antoin	ver Springress e,son-in-law	Maryland 20914 ,2411 Lyttonsville 1
	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.		ile Myelone	20a AUTOPSY?	TION GIVEN IN PART TO 10b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
1			AY YEAR 21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY II	YES NO NO NITEM 18 PART I OR PART 2)
	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	214 LOCATION STREET	CITY OR TOWN	COUNTY STATE
2		ital) attended the deceosed from	DEGREE ATTENDING	death accurred on the date	and haur and from the causes stated 22c. DATE SIGNED 12/19/85
-	236. BURIAL CREMATION REMOVAL	21-4- (nO	4761 R	123d LOCATION	kulle, md
	Removal	Dec. 22, 1983		Port au P	
	McGuire Funeral S		Georgia Ave. NWs. DAT ington, D.C.20012		John 2. Com

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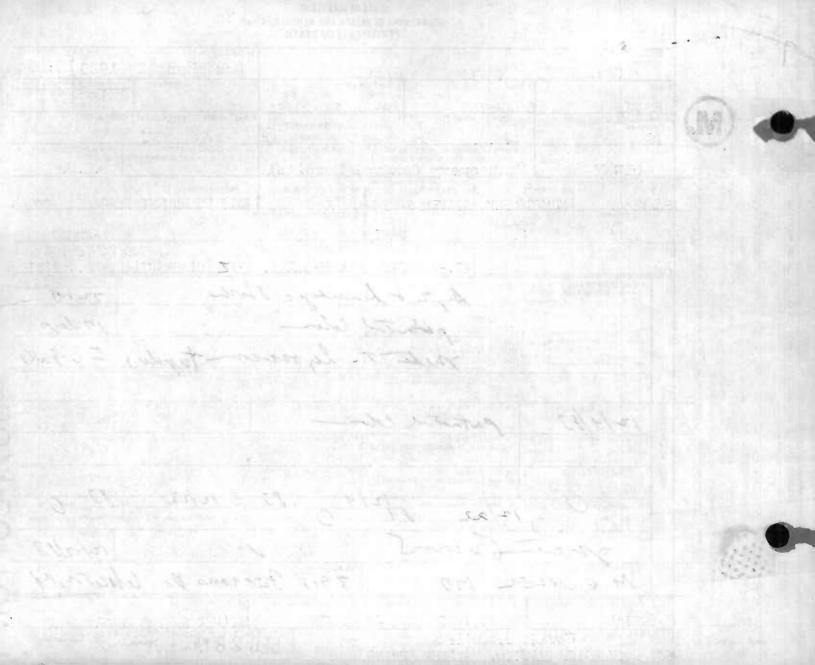
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2g DATE OF DEATH DECEASED NAME H. Joseph Gawler (TYPE OR PRINT) 83 10500 5. DATE OF BIRTH
June: 14, DA1910 EAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX 4. RACE Male White DAYS 9. BALTIMORE CITY OR COUNTY OF DEATH 7g. BIRTHPLACE ASTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY MONTGOMERY U.S.A. D.C. WIDOWED DIVORCED CLTY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) Funeral Director Funeral ING HOME OR OTHER INSTITUTION USUAL RESIDENCE 130. STATE 33445 13d. INSIDE CITY LIMITS? 3320 Lowson Boulevard CITY OR TOWN Delray Beach Florida Palm Beach NO I 15. MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE Gawler MIDDLE Hager Sallie Alfred B. 7065 Montrose Road 16b. SOCIAL SECURITY NO. 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) NO. 577-09-5945 Joseph A. Gawler, Woodbury, Minnesota APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o), stating the GEQUENCE OF underlying cause be wone PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART DIVISION OF VITAL RECORDS, 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [NO 71a ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22c.1 certify that (1) (this haspital) attended the deceased from and that in (my) (aux) opinion death occurred on the date and haur and from the causes stated saw the deceased alive on. above, (1) (we) (did) (did not) view the body after death 22c DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS EXECUTIVE BIVO , ROCKUILLE the M. MORELL 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23c. BURIAL, CREMATION, REMOVAL 23b. DATE STATE 12/9/83 Cedar Hill Crematory Suitland, Maryland Cremation 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNESCOM Gawler's Sons. Inc. DHMH - 16 50M 4/82 DEC 5130 Wisconsin Ave., N.W., Washington, D.C. 2. C. (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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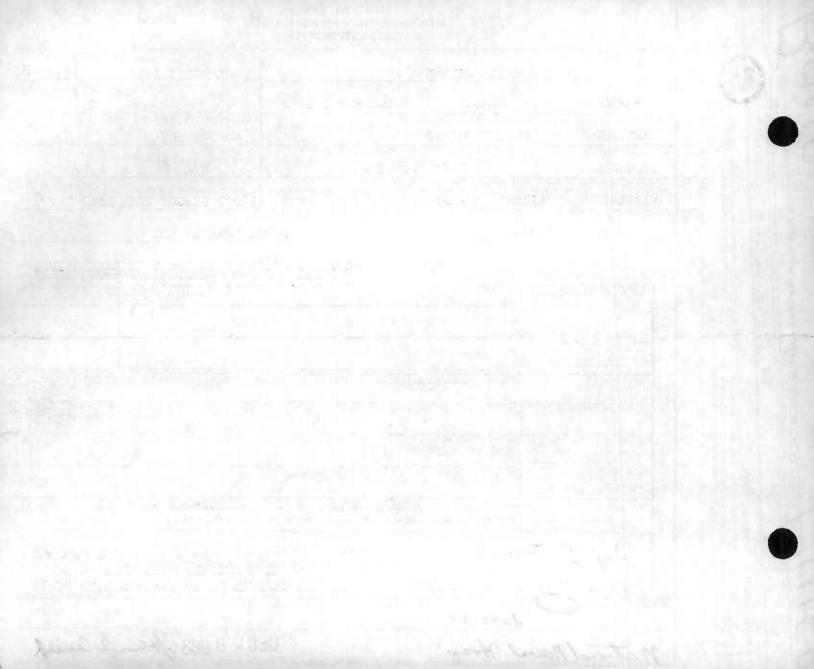
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

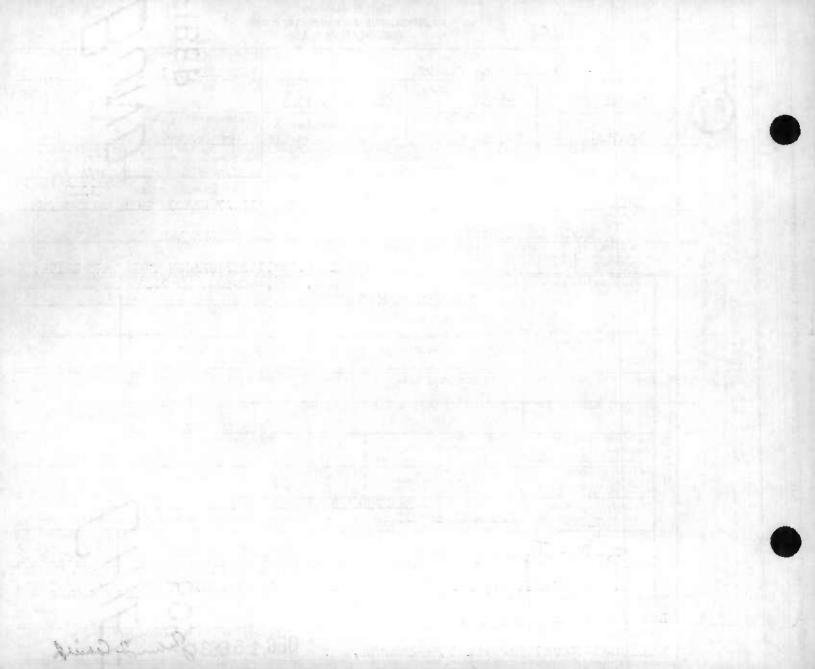
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National Naval Hospital, Bethesda, Md.

(VRA 15, 4)

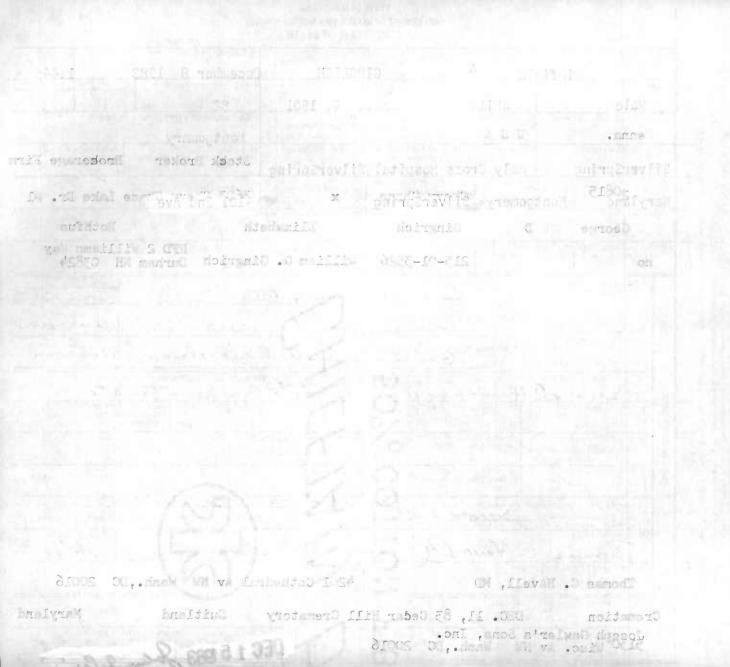
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



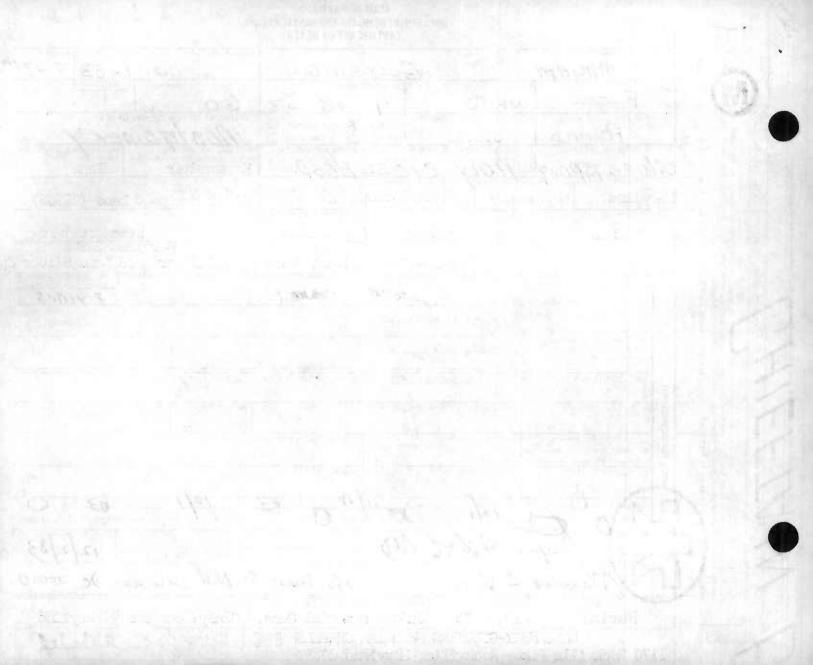
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH I. DECEASED NAME (TYPE OR PRINT) 12 ARGARET IF UNDER LYEAR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 5. DATE OF BIRTH MONTH YEAR Caucasian Fomalo 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED MONTGOMERY WIDOWEDIX DIVORCED Tropand NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH LTYPE OF WORK FOR MOST OF WORKING LIFE IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Homemaker CBOSS USUAL RESIDENCE 136 COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN D.C. Washington YES X 6100 32nd Street. NO [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Hartnett Catherine Michael ADDRESS 5301 Westbard Circle 16b. SOCIAL SECURITY NO. 17. INFORMANT Niece 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO OR UNKNOWN) LIF YES GIVE WAR OR DATES! Bethesda, Md. 20816 Mary O'D. McMahon No 220-54-1016 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a PART 2. OTHER SIGNIFICANT CONDITIONS CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOF YES NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 00 MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21e PLACE OF INJURY 21f. LOCATION 21d. INJURY OCCURRED ā STATE COUNTY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (autopinion death accurred on the date and hour and from the couses stated saw the deceased alive an DEC 5
above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED **▲** MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Washington. D.C. Dec. 10. 1983 Mt. Olivet Cemetery 24. FUNERAL DIRECTOR Francis J. Collinsonress DHMH - 16 50M 4/B2 500 University Blvd. W. Silver Spring. Md. (VRA 15, 4)

15 6 55 9 28V Mary Alexander W. Tallenier C. E VS and The PO The E The State of the State OLDER 61 - 4 390 - 67 - 5 - 6 5 7 1 1 2 1 WHITE E GOVERNMENT STREET OF WHITE FIRE

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Page 4 m director, p	1	Male		Whit		Jan.		82	YRS.	MONTHS DAYS	HOURS MIN.
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of VITA of physicia certification orial-transit ental Hygi		21g. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEA		DE INJURY .M. MONTH .M.	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF	INJURY IN ITEM 18 P	PART I OR PART 2)	
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AL OR A the has all DIRECtoched the Dept.		22b. SIGNATURE	e d	C. Har	se Ol) m	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF	221 DATE	SIGNED PLES
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PP		BURIAL, CREMATION,	REMOVAL	DEC. 1			EMETERY OR CREMATOR	C	land	COUNTY	Maryland
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	5130 Wisc	wler's Av	s Sons,	Inc.	s 20016		EC 1 5 1983	14 2	RAR'S SIGNAT	URE



4	14	1,	FOR - STATE			DEP	ARTMENT OF	E OF MARYLAND HEALTH AND MEN	ITAL HYGIE	8 3 NE	3 3	0 6	
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	(M)	3. S	F emale		RACE		S. DATE	OF BIRTH	YEAR	AGE (IN YEARS LAST E	IRTHDAY)		IF UNDER 24 HRS HOURS MIN.
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, é	1-	FOR STATE REGISTRAR		DEPART	MENT OF HEALT	MARYLAND H AND MENTAL HYG TE OF DEATH	SIENE REG. N	3 3 o	0 2
		EASED NAME F	IRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY YEA	R 26. HOUR
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moy other de	3. SEX	Female		RACE	te	S DATE C	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS
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LTIMORE to be execu- ion and c		es, no or unknown)	(IF YES, GIVE W	VAR OR DATES)	579-01-5	383	JAMES A. GO	RMAN .	SAME AS		(HUSBA	
W. PRESTON ST., BALTIMORE, MARYLAND 1100 of the deoth certificate be executed within at hours by the ottending physician and completely filled in be se remove corban papers. Pages I and 2 should be till cremation, or removal. The complete transport of the medicoles mind mental and the recommendation of the medicoles of the complete transport of the medicoles of the complete transport of the complete tran		PART I. DEATH V	VAS CAUSEÓ I IMMEDIATE (BY: CAUSE (a)	OR AS A CONSEQUE	Myoc	adial infa	ction			BETWEEN O	ATE INTERVAL NSET AND DEATH
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TTENDO			No.	Dec	he deceased from	73	d that i (my (aur) apinio	on death accu	pred on the do	- I Y	nd fram the co	
ITAL OR AT by the hosp RAL DIREC: c detoched f sinte Dept.		22d PHYSICIAN'S N		fren	gel	M.	ATTENDING PHYSICIAN 122e ADDRESS	MEDIC.	OR PHYSIC	AN 🗌	12-/2	-3 /P3
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DHMH - 16 50M 4/82 (VRA 15, 4)		UNIVERSI			COLLINS SP	RING.	The state of the s	EC 28	9 1983	John		hill

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIE
CEDTIFICATE OF DEATH

CERTIFICATE OF DEATH

3 REG. NO

5	1 -	FOR STATE REGISTRAR			DEF	DEPARTMENT OF HEALTH AND MENTAL HYGIENE SO										
		CEASED NAME	FIRST		MIDDLE		AST		20. DATE OF	DEATH MONTH	DAY YE	AR 21	b. HOUR			
	(TABE)	OR PRINT)	Mary		Lee	Gra	sley			12	9 83		4:40AN			
-41	3. SEX	(4. RACE		S. DATE C			6. AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER 1		F UNDER 24 HRS			
1		Fema	le	Whi	te	Feb		1919	64	YF	RS.	DAYS	HOURS MIN.			
1		RTHPLACE (STATE	OR FOREIGN	76. CITIZEN O	F WHAT COUN	VTRY? 8	D NEVER	MARRIED T	9. BALTIMOR	E CITY OR COU	NTY OF DEAT	H				
)	/	Michigan		U	SA	WIDOWE		VORCED [Mor	ntgomer	У		MD.			
9		or town of lney	DEATH			STREET ADDRESS OF	NG LIFE) 12b. KII		Toomey							
5		residence of the Tale		other institution		Spring	13d. INSIDE C	ITY LIMITS?	130. STREET A	DDRESS Voodwell	Road,	209	06			
19	I4 FA	THER'S NAME		MIDDLE	IAS		15 MOTHER	S MAIDEN NA	ME	MIDDLE		LAST				
0		Nichola	s	Middle	4	stie		Jeanett	:e	MIDDLE	Ge	ewon	ıt			
1	16a W	AS DECEASED E		MED FORCES	166. SOCIAL	SECURITY NO.	17. INFORMA	INI		ADDRESS	***					
	(4	N/A	N/	A A	384-18	7969	Robert	J. Gra	ısley-hı	usband-(Se)			
		Conditions, if of gove rise to couse (o), stunderlying co	ony, which immediate toting the	DUE TO,	OR AS A CON	SEQUENCE OF	400		7 / 5	Chi.						
	NO	PART 2. OTHER S	SIGNIFICANT	CONDITIONS	CONTRIBUTIN	G TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN PAI	RT 1(0)				
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9		21g. ACCIDENT WAS	CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONTI P.M.	H DAY YEAR	21c. HOW IN	JURY OCCURE		URE OF INJURY IN ITEA	A 18 PART I OR PAR	RT 2)				
	MEDICAL	WHILE NO	T WHILE T	21e PŁAC (AT HOME	E OF INJURY	OFFICE, FARM. ETC.)	21f LOCATI			CITY OR TOWN	COUNT	TY	STATE			
		220 I certify the (I) (this hospital) attended the deceased from 19 ond that in (my) (our) opinion death occurred on the date and hour o above. (I) (we) (did) (did not) view the body after death.										the	uses stoted			
		226. SIGNATURE	-01	1			DEGREE	ATTENDING PHYSICIAN (MEDICAL DIRECTOR	STAFF PHYSICIAN	(3)	19/	SNED			
		ALLE	SNAME (TYPE	1 1	HEN	/	18/11	. //	ICE F	Prizer	2 0	CRE	54, 40			
	230 B	Burial	ON, REMOVAL		12, 198	23c NAME OF C			Silve	r Spring	, Mont	gome	ery Md.			

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this ceruficate has been signed by the ottending physicion and completely filled in by the fushould be detached for use as the burial-transit permit. Then please remove corban papers. Pages 2, and 2 should be filed with

should be detached for use as the burial-transit permit. Then please remove carbainpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is morked or Hem 18 shaws ony

injury, or other troumatic event, th

24 FUNERAL DIRECTOR Hines/Rinaldi Funeral Home

11800 N.H. Ave.,

DEC 1 3 1983

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	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND M		REG. N	5 5	3 5 6	3
	1. DE	CEASED NAME FIRST	MI	DDIE		AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	{1494	CATHEF	RINE A	LICE G	REEL	EY	/		DEC	23 83	6:34P
	3. SE	X	4. RACE		5. DATE O			6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	
3	1	FEMALE	CAUCA	SIAN	NÖ	V 22	Ĭ922	61	YRS.	MONTHS DAYS	HOURS MIN.
1	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W		8 MADDIE	D X NEVER MA	APPIED [9. BALTIMORE CITY C	R COUNT	Y OF DEATH	
/	P	ENNSYLVANIA	UNITED	STATES	WIDOWE	DI DIVO	DRCED [MONTGOME	RY		MD
1	110 C	BETHESDA	(IF NOT IN SUCH	OSPITAL, NURSINI FACILITY, GIVE STREET A HOSPIT	ADDRESS)	OR OTHER INSTIT	UTION	HOUSEWIF		12b. KIND (INDUSTRY	OF BUSINESS OR
1	130. 3	AL RESIDENCE (IF NURSING HOME OR STATE 131 COUN PR C	OTHER INSTITUTION, GITY SEORGES	3c. CITY OR TOWN BOWIE	V	13d. INSIDE CIT	Y LIMITS?	13 TEEFT ABORESS	RTH	CLIFF	ROAD
1	14. FA	ATHER'S NAME		3 3 3 10		15. MOTHER'S A	MAIDEN NAM	NE .			
6			CHAEL	CROWL	EY	ALÍ	ČЕ	MARTE		GUNN	VING
2		VAS DECEASED EVER IN U.S. AR	MED FORCES? 1	66 SOCIAL SECUI		17 INFORMAN		ADDRE			
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	NOI	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR (c)	AS A CONSEQUE	NCE OF	NOT RELATED TO	O THE TERMI	nal disease or con	DITION GI	VEN IN PART 11	0,
1	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITI	ON FOR WHICH (OPERATIO	N WAS PERFORA	MED	YES NO X	IN CERT	ES, WERE FINDI	NGS USED S OF DEATH?
,		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.	MONTH DA	Y YEAR	21c. HOW INJU	IRY OCCURR	D (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF ALL WORK	21e. PLACE OF	F INJURY T, FACTORY, OFFICE, FA	RM, ETC.)	211 LOCATION		CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1) (this hospit saw the deceased alive on above, (1) (we) (did) (did not	al) attended the 23 DECE	deceased from 1 MBER 19 8 ter death.	5 DE	CEMBER d that in (my) (o		, t ₂ 23DECE			that (I) (we) last causes stated
		22b. SIGNATURE	HER		(PH	ENDING YSICIAN []	MEDICAL STAF	IAN	12/2	SIGNED 3/83
		22d. PHYSICIAN S NAME (TYPE C	3450		312	22e ADDRESS	NAVAL	HOSPITAL	NAV	AL MEI	OICAL
		KENNETH LEE		MC USNR				T. CAP. R	EG.	BETHES	SDA MD
		Burial, CREMATION, REMOVAL	12-28	-83 Arl	ingto	metery or cre	matory nal Cer	23d LOCATION Arlingto	n.	COUNTY	20814 irginia
1	24 FL	INERAL DIRECTOR A	16000	Annapol	is Ro	ad		REC'D. BY REGISTRAR			

DHMH - 16 50M 4/B3 (VRA 15, 4)

Funeral Home, Bowie, Maryland 20815

DEC 2 7 1983

CLIFF RD. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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FOR

- STATE

DHMH - 16 50M 4/82

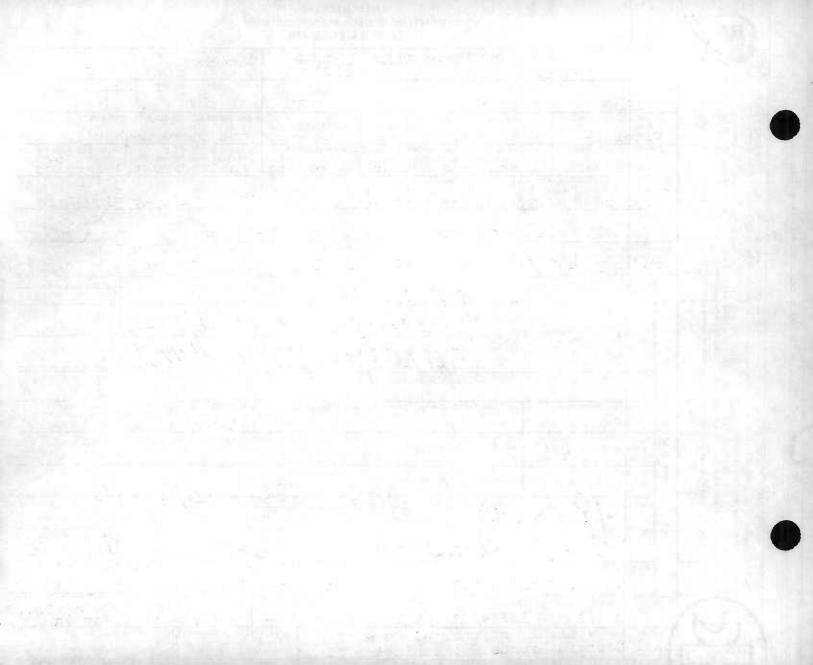
(VRA 15, 4)

REG. NO December 2b. HOUR 1983 AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS 51 5/ BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Montgomery County 128 USUAL OCCUPATION 128. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GOVE. 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Washington Adventist Hospita Retired/Postal Service 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 17130 Fairway View Lane 15. MOTHER'S MAIDEN NAME Bell Epps 17. INFORMANT17130 Fairward View Lane 225-38-8855 Gwendolyn Parker Greene (wife) Maryland 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) opinian death occurred on the date and hour and fram the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN PHYSICIAN 20903 Maryland 20903 831 University Blvd. East 23c, NAME OF CEMETERY OR CREMATORY CITY OF TOWN Anne Arundel Co. Lakemont Cemetery Davidsonville, Maryland 14 FUNERAL DIRECTOR LATNEY'S Funer al Home 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 3831 Georgia Avenue, NW; Washington, DC

STATE OF MARYLAND

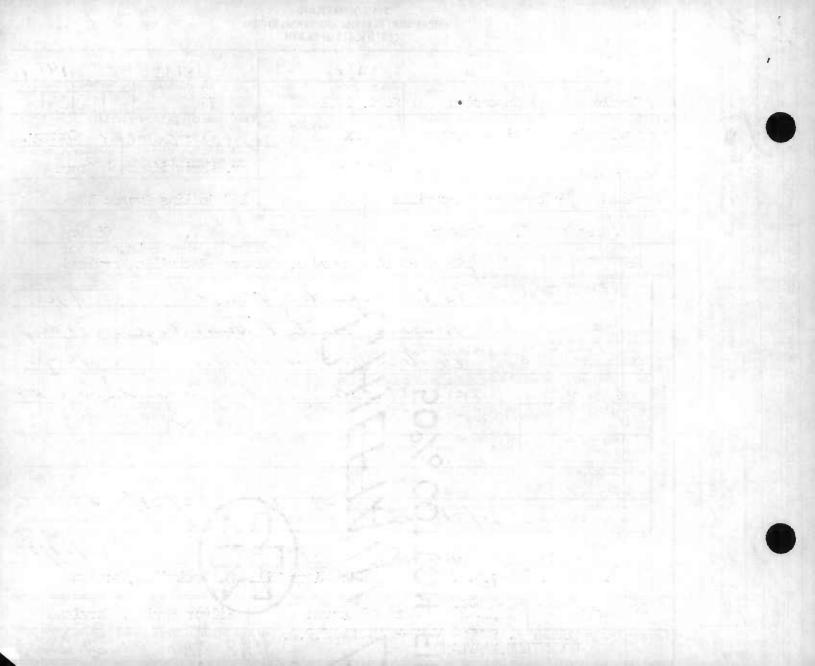
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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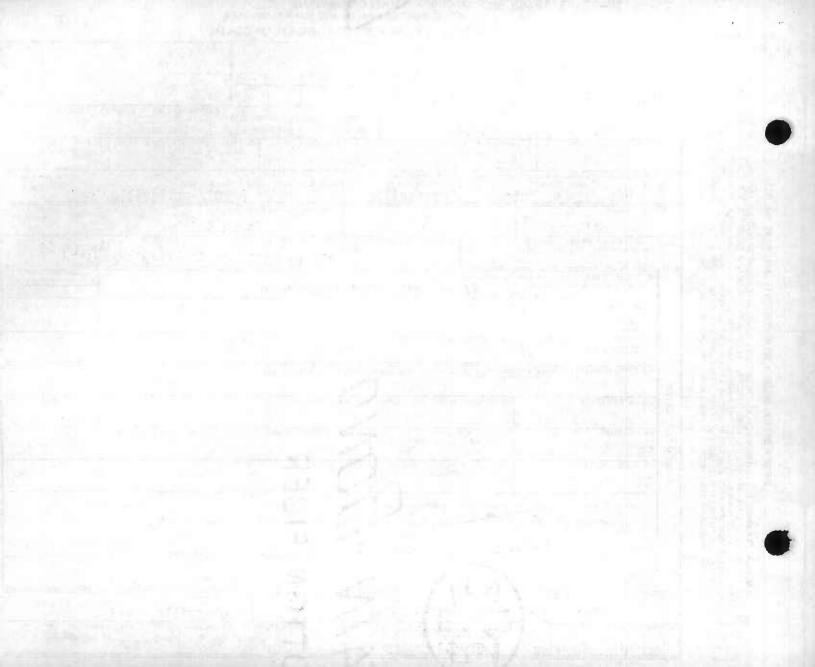
/	- 4	1.	FOR STATE			DEPART	MENT OF H		MENTAL HYG	IENE	5	3 3	6 ,	7 0
1			REGISTRAR				CERTIF	ICATE OF I	DEATH		REG. N			100
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signed Then ple	to burio njury, or	NO	PART 2. OTHER SIGN	VIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEA	ASE OR COM	NDITION GIV	EN IN PART	lto
hos beer	ows ony	CERTIFICATION	190. DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AU	TOPSY?	IN CERTI	S, WERE FIND FYING CAUSE ES	DINGS USED ES OF DEATH? NO
ending physicio this certificate te burial-transit	tentol Hygie Item 18 sho		21a. ACCIDENT WAS UND OR CONTRIBUTING	AUSE OF DEA	TH HOUR A.	M. MONTH D.	AY YEAR	21c. HOW IN	JURY OCCUR					
attending er this ce the buri	ond Med ked or In	MEDICAL	21d. INJURY OCCURE	RED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, I		21f LOCATION STREET	NO		CITY OR T	OWN	COUNTY	STATE
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the hospital AL DIRECTOR	te Dept. of: If Item 2		22b. SIGNATURE	(did no	G l	for V	un	DEGREE	ATTENDING PHYSICIAN .	MEDICA	L STA	AFF ICIAN []		VEC 83
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0 % 0 %	IMI		URIAL, CREMATION, SPECIFY) Burial	REMOVAL	23b. DATE 12/27/	23c. I		Oak Ce		23d. LO	CATION ITY OR TOWN	Bire	COUNTY	STATE
DHMH - 16 50			INERAL DIRECTOR	4140		316 E.S.D	iamon	d Ave.,	BEC	291	383	Til Web	OR'S STONE	TORES
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2 sent out	- STA	ATE GISTRAR		ME	EDICAL EXAM	NER'S	CERTIFICATE	OF DEATH	REG. NO.			
419184 ph	1. DECEA	ASED NAME	FIRST		WIDDFE		LAST	20. DATE KN	NOWN MONTH	DAY YEAR	2b. HOUR	
Mai vi Vi ri	(TYPE OF	PRINT)	Charl	les	Eugene		Hall	OF DEATH A	AATED XX 12	25 19 83	3 M	
BSESE	3. SEX	4. RAG		5. DATE OF BIRTH	6. AGE (IN	YEARS IF UI	NDER 1 YR. IF UNDER	24 HRS. 2c. DATE	HTMOM	DAY YEAR	2d HOUR	
NECESARY, PLEAS HUNERAL DIRECTOR 5 FOR YOUR FILE W. PRESTON STREET	Ma	1e B1	ack	Aug. 26	, 1943 40		HS DAYS HOURS	MIN. PRONOUNC DEAD	12	26 19 83	9:55A	
T SEE SEE	Ta BIRTH	PLACE (STATE OR		76. CITIZEN OF W	VHAT COUNTRY?	B. MADE	IED NEVER MARK	P BALTIMO	RE CITY OR COUN			
SHOPE STATE	POREIC	Md.		U.S	.A.	WIDOV			gomery Co	untv	MD.	
STAN STAN	III CITY	OR TOWN OF DE	ATH		1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 174 USUAL OCCUPATION (TYPE OF WORK IN FOR MOST OF WORKING LIFE)							
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212 SEREE 212		Md.	13 / 0 0	lontq.	Barnesvi		YES NO	22201 Be	allsville	Road		
d Avanta	14. FATH	ER'S NAME		MIDDLE	LAST		15 MOTHER'S MAID			LAST		
H 25 355			bert H					Sarah Smit				
W NEW /		DECEASED EVER	R IN U.S. ARM		16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS 4	Monroe	St	
BALTIM JRS ATTER 3. GIVE PO WITH FOI T. PAGES DIVISION		No					Albert Ha	11, Jr. (Br	other)Roc	kville,	Md.	
To BAL To BAL 18. GIV IN PAC 5. DIVIS	16				ne for (o), (b), and (c).)	17.14				BETWEEN ON:	ATE INTERVAL SET AND DEATH	
ESTON ST.:: IIN 24 HOUR IIN 1EM 18.: ? ALONG W RYGIFERMIT. HYGIFERMIT.		PART I DEATH V		E CAUSE (a)	Acute etha	nol i	ntoxication	1				
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SCUTE IN INCIDENT				(c)								
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120 SCRIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS ATTER DEATH FANY ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PL. REST RES SHOULD BE USED AS A BURAL. TRANSIT PERMIT. PACES IN BEST EDEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH FROM OUR PRICE OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH FROM OUR PRICE OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH FROM OUR PRICE OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH FROM OUR PRICE OF THE MENTAL HYGIENE, DIVISION		IRT 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO DEAT	N BUT NOT RELATED TO THE T	ERMINAL OISEA	SE OR CONDITION GIVEN IN P.	ART 1 (a).				
L CALL	CERTIFICATION	a. DATE OF OPER	ATION	196 COND	ITION FOR WHICH OF	ERATION V	VAS PERFORMED?			20 AUTOPS	Y?	
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	X M	HILE NO	WORK) SIREEL, FA	CTORY, FARM, ETC.)		STREET	CITY OR TOWN	C	YTHUC	STATE	
VER: THI CATE, W CRWA OR: PAI (ND, 215				e of the remains de	escribed obme, held as	Autor	Inspection	n n Inquiry	and in my o	pinion		
A TION		death resulted fra		Deadler 2	secretary Do	Surcide 7	Hamicide .	Undetermined man				
EXAM CERTII ULD B DIREC			(1		VITY	11	TITLE (SPECIFY)					
A PACIFICATION OF THE STATE OF		CTUAL GNATURE	1	Kowo	W/ /M	MXVI		<u>ief</u> medical examin	DATE VER SIGN	ED 12/	27/83	
NER ST						1						
TO MEDI EXECUTE PAGE 4 TO FUNE BATTIMO	(T	(AMINER'S NAME YPE OR PRINT)		Thomas I	D. Smith, M.	D.	ADDRESS 111	Penn St.	Balto., M	D		
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST	23a.BURI						OR CREMATORY	23d. LOCATION	со		STATE	
BP 160		Buria	1	12-30-83			apt. Cem.		lle, Mont			
DHMH - 17	N/	ERAL DIRECTOR			N. Washing		L.	REC'D. BY REGISTRAR	756 REGISTRAR'S	SIGNATURE		
(VR A15 ME (5))	Geo	orge R. S	Snowder	n Roc	kville, Md.	2085	0 DEC	30 1963	1			

20M 4/82



Chambers Funeral Home Silver Spring, Maryland

(VRA 15, 4)

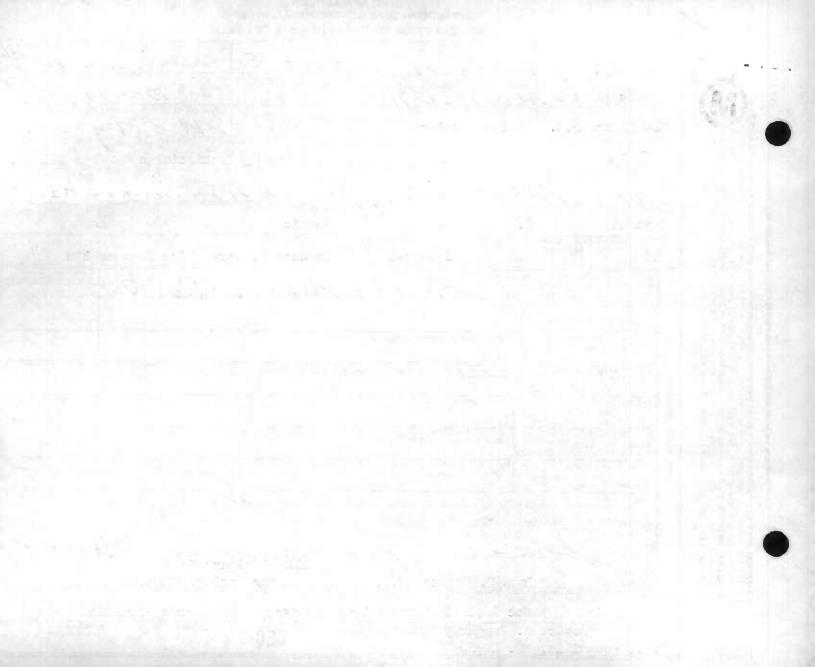
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anatami V. rekilli The property country of the control cos alima (2002 - 19 2 democra cremotary miverele, L., 1907 e, 10. No. of the Committee of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-Evelyn Harnsberger DEATH MATED 281983 1:122d. HOUR AGE IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH 2c. DATE YEAR FOR YOUR WITHIN 72 H PRONOUNCED 28 1983 DEAD 95 88 20 Female White 04 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Virginia WIDOWED XX DIVORCED Montgomery County 128 USUAL OCCUPATION (TYPE OF WORK 128. KIND OF BUSINESS ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Cross Holv Hospital Homemaker 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 1013 Robrov Drive 20903 Montgomery Silver Springres X NO 1 Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Mae MIDDLE Henry Minnie Ivey Keys 166. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS 14205 Oakvale St. 16e. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) (YES, NO, OR UNKNOWN) Stephen Harnsberger-son-Rockville, Md 578-09-3190 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY: Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USEID AS J OF HEALTI 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] SHOULD BE DEPARTMENT 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YFAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PRIOR 21f LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.) STREET COUNTY WHILE NOT WHILE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BAILTINORE, MARYLAND, 21201 AT WORK Inspection 220 I certify that I taak charge of the remains described above, held an Autopsy and in my apinian Natural causes death resulted from: Accident Suicide Hamicide Undetermined manner THE CERT SHOULD I TITLE (SPECIFY) DATE 12-28-83 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Seminary Rd Silver Spring Rogers ADDRESS 1919 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial National Memorial Park Falls Church BP. 24 FUNERAL DIRECTOR Mame Appres 1800 N.H. Ave., Md. Hines/Rinaldi Funeral Home Silver Spring, Md. **DHMH - 17** (VR A15 ME (5)) 20M 4/B2

ne John S. Leers 17 Sections, Ra Silver Spring

STATE OF MARYLAND



4217 9th Street N.W.: Washington, D.C.

(VRA 15, 4)

STATE OF MARYLAND

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FOR STATE REGISTRAR	DEPARTM	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH		3 3 E. NO.	6 /	3
DECEASED NAME FIRST	WIDDLE	L	AST	20 DATE OF DEATH	H MONTH	DAY YEAR	26 HOUR
Mrs. Daisy	Gladhill		Haupt	Nov.	27th,	1983.	10:33 am
SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	White	Marc	ch 2nd,1882	101 y	ears	MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
Myers ville, MD.	American	WIDOWE		Montac	omerv		MD.
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING			120. USUAL OCCUP	PATION		F BUSINESS OR
ockville	National Luth	eran	Home	Homemake			ome
SUAL RESIDENCE (IF NÜRSING HOME OI 3a. STATE Ary land Mon T	TOTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c CITY OR TOWN KENSIN	gton	13d. INSIDE CITY LIMITS?	13e STREET ADDRE	ss iller	Drive,	75
I. FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA				
Daniel	Gladhill		Elizabeth	MIDDI	Kinn	ı a	T
(YES, NO OR UNKNOWN) (IF YES, GI	WE 14/40 OR DATE()		17 INFORMANT		DRESS		
NO (IF 12.5, G)	214-10-	2631	Vivian M.	Bachman	210 E	. 3rd	St. Fred
PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), and ED BY: TE CAUSE (b) DUE TO, OR AS ACONSEQUE!	NCE OF	e Heart	Failur	1	BETWEEN C	MATE INTERVAL DISSET AND DEATH

	PART I. DEATH WAS CAUSED B	1 0 11	e Hant	Failune	1	2 h	SET AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.		rolie Hear	t Diseas	26	5-11	Ms.
NOIL	PART 2 OTHER SIGNIFICANT CON	NOTITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN I	N PART 1(o	
RTIFICAT	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPS/?	20b. IF YES, WE IN CERTIFYING YES	G CAUSES OF	S USED F DEATH? NO
CAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21 e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	22a. I certify that (I) (this heapital) saw the deceased alive on above, (I) (was) (did) (did not rei	11-27 19.83 00	d that in (my) (pus) apinior		7 19 ote and hour and	from the cas	it (1) (we) last uses stated
	22b. SIGNATURE	1911-C	DEGREE ATTENDING	. MEDICAŁ STAI	FF	22c. DATE SIG	A **

23c. NAME OF CEMETERY OR CREMATORY

Lutheran Cemetery

Middletown, Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23b. DATE

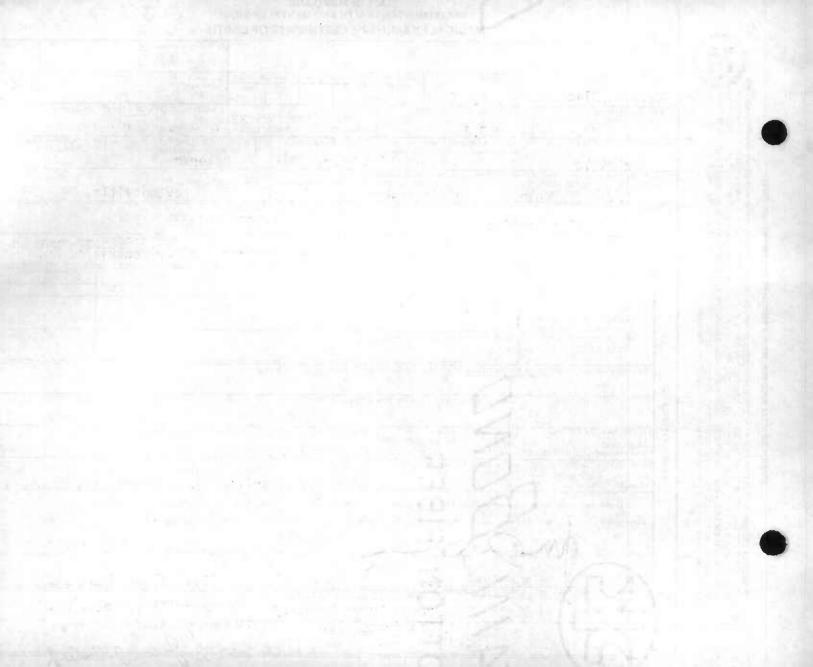
Dec. 3, 1983

24. FUNERAL DIRECTOR

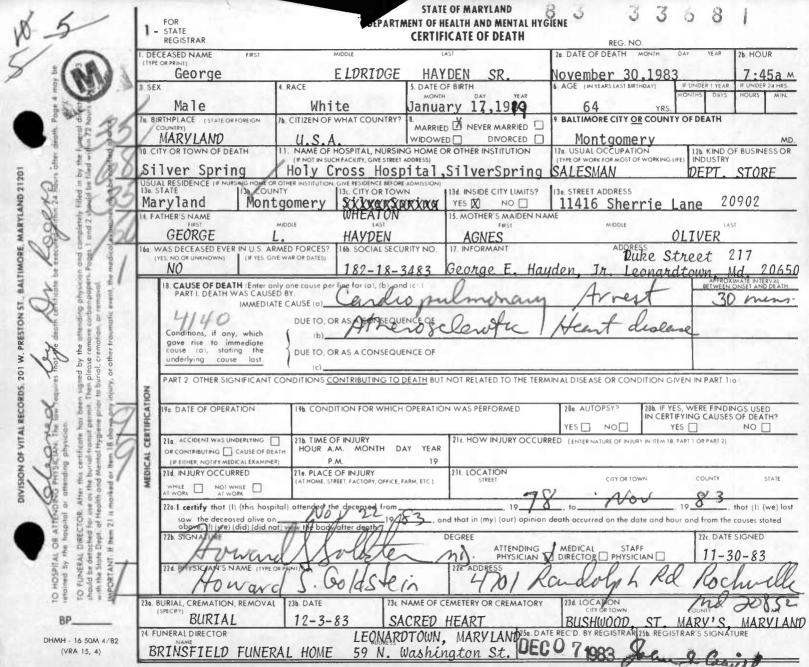
The Hysong Company 1300 N St.N.W. Washington, D. C.DEC 12 1983

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	ron.		DEBART	STATE (F MARYLAN		IENE	- my	n'a	7 0	,
1-	FOR STATE REGISTRAR			EXAMINER		-	-	REG. N	0.	1	
	ECEASED NAME (PE OR PRINT)	DONNELL	MIDDLE A.		LAST		2a. DATE OF DEATH		момтн	9 19 E	7b. HOUF
3. SE		E S. DATE O	F BIRTH DAY YEAR	LAST BIRTHDAY)	HAWKINS FUNDER TYR.	IF UNDER 24 H	N. PRONOL	INCED	MONTH	DAY	YEAR 2d. HOU
70. E	Male Bla BIRTHPLACE (STATE OR OREIGN COUNTRY)	7b. CITIZEI	11, 1963	ITRY?	ARRIED NEV		XX	MORE CITY			33 a /
10.0	Md. CITY OR TOWN OF DEA ROCKVIlle	ATH 11, NAME	S.A. OF HOSPITAL, NU N SUCH FACILITY, GIVE S Grove A	RSING HOME, OR		DIVORCED 120	. USUAL OCC FOR MOST OF WO Labor	ORKING LIFE)		12b. KIND (ME OF BUSINESS DUSTRY
13a.	AL RESIDENCE (IF IN NUI STATE Md.	rsing home or other institute to the county Montg.	13c. CITY	EBEFORE ADMISSION) OR TOWN thersburg	13d INSIDE (II	NO 🗌		RESS Layton	svil		20877 1,#202
		les Hawkin		LAST	FI		le Bris			LAST	
	WAS DECEASED EVER YES, NO. OR UNKNOWN) NO	IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATES	1	-86-6196	Adel1	le Hawk	ins (mo	ther)	105C		Md. Ln
1	Conditions, if c gave rise to cause (a) stating lying cause last.	IMMEDIATE CAUSE (company, which immediate to the under-	TO, OR AS A CONTO, OR AS A CONTO, OR AS A CONTO,	NSEQUENCE OF							
MEDICAL CERTIFICATION	190. DATE OF OPERA	ATION 19b.	CONDITION FOR				(a).	-		20. AUTO	
MEDICAL CERT	216 EXTERNAL CAUSE UNDERLYING CONTRIBUTING 216 INJURY OCCURI	OR CAUSE OF DEATH 8:	TIME OF INJURY DUR A.M. MONTH 50 XX 12 - PLACE OF INJURY IREET, FACTORY, FARM, E	DAY YEAR 9- 1983 F (AT HOME, 21	edestria FLOCATION STREET	an stru	ick by	truck.	co	DUNTY	STATE
	death resulted fram	ORK I took charge of the ren	road noins described abo	ove, held an	TITLE (SF	Inspection Lide L. L	ITE Rd.	y	nd in my of	pinion	Md.
1	EXAMINER'S NAME	Ann M. Di	xon, M.D		ADDRESS	stant	MEDICAL EXA		DATE SIGNE		10-83 1201
В	BURIAL, CREMATION, R (SPECIFY) Urial FUNERAL DIRECTOR		1-83 Br	ooke Gro	e Cemete	ery 2	Layton:	sville	, Món		
1	leorge R. S	nowden	Rockvill	ashingtone, Md. 2	0850	DEC 1	7 1002	De	0	C	-

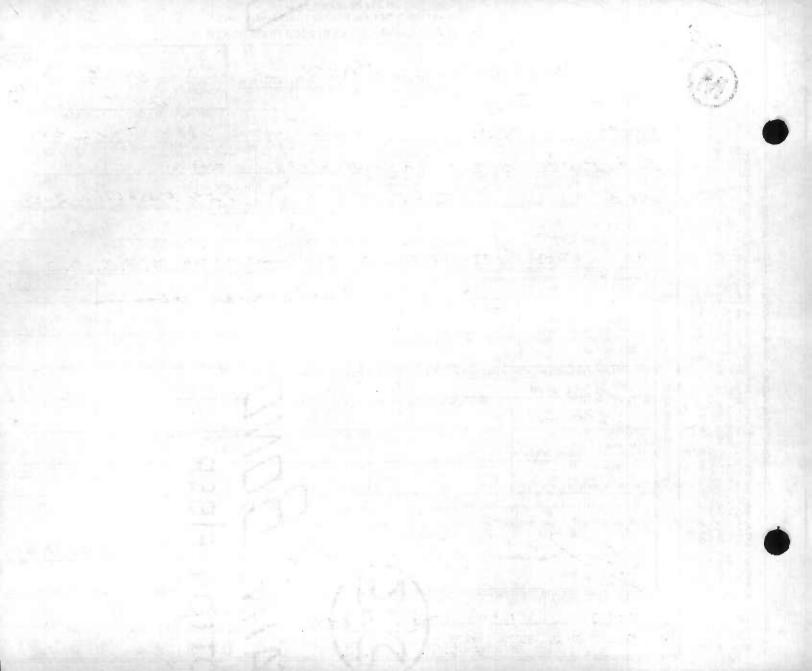


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL NYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN OF ESTI-DEATH MATED 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY 11,40 PRONOUNCED 92 YRS DEAD 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Washington, DC DIVORCED 10 CITY OR TOWN OF DEATH KIND OF BUSING DELIDIO IN Defense 1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK Potomac Valley Nursing Home Rockville SUAL RESIDENCE (IF IN N. OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE Washington, DC 13d. INSIDE CITY LIMITS? 4914 Arkansas Ave., N.W NO [15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST FIRST Haxton Hannah Goetting Wallace 17 INFORMANT ADDRESS 10 West 13th. St. In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 579-40-1791A Richard I. Haxton-nephew-Fred., Md. 21701 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cardio DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which aremory. gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARTAL TO 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO T 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH 2 P.M. 12.16 21e. PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC NOT WHILE AT WORK Huma AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy death resulted fram Hamicide ACTUAL SIGNATURE EXAMINER'S NAME WISCONSIN (TYPE OR PRINT) 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Buria1 Jan. 3, 1984 George Washington Hyattsville Pr. Georges Himes/Rinaldi Funeral Home 11800 N.H. Ave., 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE **DHMH - 17** .IAN (VR A15 ME (5)) Silver Spring, Md. 20M 4/B2



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F		18 CAUSE OF DEAT	H (Enter o	nly one couse per line		011	Toom naye	. /	Dr. IV.	APPROXIM	ATE INTERVAL
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		UNDERLYING	OR		MONTH DAY YE	AR ZIC. H	OW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR F	ART 2)	
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	WE		WHILE		ORY, FARM, ETC.)		STREET	CITY OR TOWN	C	OUNTY	STATE
		22a certify that	took char	ge of the remains desc	ribed above, held an	Autop	sy , Inspectio	on Inquiry], ond in my o	opinion	
		death resulted from	Note	ural causes	Accident	Suicide	, Homicide .	Undetermined monn			
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7		SIGNATORE	15		gay	>- "	100 ep	MEDICAL EXAMIN	ER SIGN	1000	1982
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	Sar	Butler I	nc,	Funeral Ho Kennedy	The second secon	Maria Carlo	SH DATE		THE REGISTRAR'S	SIGNATURE	. 1
F	_		/10	nennedy i	ot. N. W.	D, C	. DE	C 6 1983	John	in while	4/



D		1 -	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE 3 3 3	583
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# A		3. SE)		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN,
oge		-	Male	white	June 16, 1916	67 YR	
Juneral d	9	W	RTHPLACE (STATE OR FOREIGN SELTY) Virginia	7b. CITIZEN OF WHAT COUNTRY? United States	MARRIED A NEVER MARRIED WIDOWED DIVORCED	Montgomery	MD.
fter of the fu	150		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN MINISTER	12b. KIND OF BUSINESS OR OF THE TROUBLEST Churc
0 5 y	(S)	Si	IverSpring	OTHER INSTITUTIONS GIVE RESIDENCE REFOR	ospital, \$/Spri	nb minister	200270
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oe execu	medico	No	(AS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (15 YES GIV A)	235 03 0			#1 3
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A Se	ation, or troumatic	-	Conditions, if any, which	((b) 14	ere conour	my arigary o	more go
that the	other	10	couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF	1//	0
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	万	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
94.0	1	TIFIC	ar ar ar			YES NO Y	YES NO
L P S	100		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	THE PARTY OF THE P	AY YEAR 21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
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F + di	p p	MED	71d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
Affer of O	alth ond marked		AT WORK	ital) attended the deceased from	2 Jul 107	6 12/12	-10 P3 (D)
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OR AT e hosp DIRECT	ltem 2		abave (1) ve (did (did no	of view the body ofter death.	DEGREE		22c. DATE S GNED
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TO HOSI	4 Q/	22 0		11-9		ORGIA AVE.	12. MD-0102
BP			urial, cremation, removal IPIC IVA 1		NAME OF CEMETERY OF CREMATOR Diumbia Gdns. Ceme	tery Andangton	, Va wounty STATE
DHMH - 16 50	OM 4/83	24. Ft	INERAL DIRECTOR ATIN	arson Funeral Hogton, Va. 2220	mes 25a. D	ATE REC'D. BY REGISTRAR 256. REC	SISTRAR'S SIGNATURE
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to		FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG. NO	
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death. Po	/	a. BIRTHPLACE (STATE OR FOREIGN	U.S.A.	MARRIE		x montgomer	ry
by the fu	4	Betherla, mit	4858 Bat	tery Lane	OR OTHER INSTITUTION	12a. USUAL OCCUPATION OF CONTROL	
y filled in should be	2			idence before admission) ITY OR TOWN thesda	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS Batte	ery Lane 20814
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iticate be executionable by the second conputs of the second conputs of the second contract	/	WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IF Y	ES GIVE WAR OR DATES)	9-09-4246	Babe H. Ki:	ng. 3816 Jeni	p.C. fer St., N.W. Was
hill, Chevium n. Chevium that the death ce n. to been signed by the attendin permit. Then please remove corb ne prior to burial, cremation, or a ws. pay injury, or other troumatic	1	Canditions, if any, whingove rise to immedia couse (o), stating the underlying cause to PART 2. OTHER SIGNIFIC. 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A (c) ANT CONDITIONS CONTRIB	CONSEQUENCE OF		RMINAL DISEASE OR CONE	DITION GIVEN IN PART 110
NG PHYSICIAN: The lo othending physicion. Iter this certificate has as the buriol-transit per hand Mental Hygiene proceed or them 18 shows.	7	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICALEX. WHILE NOT WHILE AT WORK AT WORK	OF DEATH AMINER) HOUR A.M. N P.M. 210. PLACE OF INJ	NONTH DAY YEAR	21c. HOW INJURY OCCU	YES NO	YES NO
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3	1-	FOR STATE REGISTRAR	DE	PARTMENT OF HI	OF MARYLAND ALTH AND MENTAL HYC CATE OF DEATH	IENE S	3 5 8 5
noy be page 3	(TYPE	CEASED NAME FIRST Helen	L.	Hedri		20. DATE OF DEATH MONT	22 83 10:10 MM
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IMOR n ond Poges	16a V	VAS DECEASED EVER IN U.S. ARME (ES, NO OR UNKNOWN) (IF YES, GIVEN	VAR OR DATES) 166. SOCIA 451-2	L SECURITY NO. 26-45941	Elle Hey	Hart ling Say	exter)
201 W. PRESTON ST., BALT es that the death certificate be ted by the ottending physicio please remove corbandopers urial, cremotion, or removal. , or other traumatic event, the		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE (4140 Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	ISEQUENCE OF	ortetos	- deligate levis au tracteris close	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Latia, days -
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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require of tending physicion. After this certificate has been signs of the buriof-tronsit permit. Then the and Mental Hygiene prior to be orked or them 18 shows any injury	MEDICAL CERTI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONT P.M. 216. PLACE OF INJURY (AT HOME STREET, FACTORY,	19	21c. HOW INJURY OCCUR 21l. LOCATION STREET	RED (ENTER NATURE OF INJURY IN II	
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OR be by the be		obove, (1) (did not) v 226. SIGNATURE FLORE V 224. PHYSICIAN'S NAME (TYPE OR PI	, here		EGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL retoined by the TO FUNERAL I should be deto with the State I MAPORTANT. I	40	FW. BAE	ENNWA		83/ Mire	unity Kvd	E. Stever Ming
ВР	230 8	SURIAL, CREMATION, REMOVAL		Geras	METERY OR CHEMATORY	Ry Thyotler	selle thek state
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/			FOR	DEPARTMENT C	F HEALTH	AND MENTAL HYGIE	Mir 3 3	0 3 0
R			STATE			RTIFICATE OF DE	ATH	
10			REGISTRAR CEASED NAME FIRST	MIDDLE	INEK 3 CE		KEO. NO.	NITH DAY YEAR DE HOUSE
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	r, please irector. Jr files. 72 hours n street,		(ham zu	Hartley	170	Efner	DEATH MATED	2027 19 13 PM
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	NACK.		M W		YRS.	DATS HOURS MIN.	DEAD Dec	21 1087 1X M
	/	Jo B	RTHPLACE (STATE OR 76.	CITIZEN OF WHAT COUNTRY?	18		1 BALTIMORE CITY OR CO	OUNTY OF DEATH
	当時間	FO	REIGH COUNTRY)	11-S.A	WIDOWE	DIVORCED	Mint	andle entert
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			+ 10 4	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRE		// FOI	R MOST OF WORKING LIFE)	OR INDUSTRY
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21201	AND SOLVE		Max Mon	t. Tak. A	2.vk	YES NO 4	02 13 000	ch Ava
9	N 100	14. F/	ATHER'S NAME		I	S. MOTHER'S MAIDEN NAM	NE MIDDLE	
wi .	SES 1,		ELI JAH	HEAT.	VER	BEOTHE	WIDDLE	VINSON
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			701	-10-01-1	32/	DAIDEAR 11- 1	TILLIANS POST	COLD TOV OZ.
1	J	200	18 CAUSE OF DEATH (Enter only on PART I DEATH WAS CAUSED BY:	e cause per line for (a), (b), and (c).)	,	1	e, h	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Z	N 24 HOUR N ITEM 18. ALONG W IT PERMIT. YGIENE, D		IMMEDIATE CA	AUSE (a)	10/1	MACON	12/1/	
STC			7291	DUE TO, OR AS A CONSEQUEN	CE OF	-	1	
4	WITHIN ENCIL IN AINER A TRANSIT VIAL HY		Canditians, if any, which gave rise to immediate	(b) Chrine	c.M	Locardi	26 Dig,	
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	RE, THIS CERTIFICATE SHOULD BE EXECUTED WITH ATE, WRITING THE WORD "PENDING". IN PENCIL ORWARDED TO THE CHIEF MEDICAL EXAMINER RE, PAGE 3 SHOULD BE USED AS A BURIAL-TRAN HE STATE DEP PRIME USED FROM THE STATE DEP PRIME USED SHOULD BE USED AS A BURIAL TRAN UP, 21201 PR CHE OF UNIVAL. CREMATION. OR REI		PART 2 OTHER SIGNIFICANT CONDITIONS CONTR		ERMINAL DISEASE O	OF CONDITION GIVEN IN PART 1 IA		
	SA E	z	1/		CHAMINAL OISEASE O	A CONOTION OFFER IN FAX IU ;		
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	WRIT WRIT WARD AGE 1201	E	AT WORK AT WORK	STREET, FACTORY, FARM, ETC.)	SIR	E.C. S	CITY OR TOWN	COUNTY STATE
	E, WA				-			
	E E E E E E E E			the remains described above, held a	n Autopsy	Inspection .	Inquiry L, and in r	ny apinian
	MER DES		death resulted fram: Natural co	ouses Accident .	Suicide ,	Homicide Unde	etermined manner,	
	AKE BEHK			0/-)	TITLE (SPECIFY)		6
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	A D A E R E		(TYPE OR PRINT)		A(DDRESS		
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	23a.B		ATE 23t NAME OF			OCATION YOU TOWN	
	BP	(:	Burial De	c. 30. 1983 Fort Lu	work, C	I may los en	3 un hinard	COUNTY
		24 F	JNERAL DIRECTOR	1 - 1 / NOW MY	N-C	129 DATE REC'D. B	BY REGISTRAR AS HEGISTRA	R'S SIGNATURE
	DHMH - 17 (VR A15 ME (5))	1	Por Firmer None	2 STL CY II A/	1/6/ 1	C PREC 3C	1083 Dalu	I Course for
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH I. DECEASED NAME 7h HOUR TYPE OR PRINTS SHIRLEY BOHRER HEFLIN 983 DECEMBER 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS. FEMALE CAUCASTAN OCTOBER 21 1920 To. BIRTHPLACE I STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY WASHINGTON D.C. MONTGOMERY DIVORCED [I CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SILVER SPRING HOLY CROSS HOSPITAL ADMIN. ASST CEP TELE.CO. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 13a. STATE 13b COUNTY MARYLAND KENSINGTON MONTGOMERY 3333 UNIVERSITY 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME JAY LOUIS BOHRER EDNA RYAN 4113 GLENROSE ST. 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT HE YES, GIVE WAR OR DATEST 579-18-0810 MARIE B. PATTERSON - COUSIN - KENSINGTON APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (by, and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h, IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO | 21a ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22e.1 certify that (1) (this haspital) attended the degeased from sow the deceased alive on obove (1) (we) (did) (did not) new the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 274 PHY WAY N'S NAME (TYPE OF PRINT) 22e ADDRESS JOHN B. UMAHA, 8805 CONN. AVENUE CHEVY CHASE. 230 BURIAL CREMATION REMOVAL 23b. DATE 73c NAME OF CEMETERY OR CREMATORY 23d LOCATION BURTAL ARLINGTON NATIONAL CEI FRANCIS J. COLLINSDDRESS UNIVERSITY BLVD. W. SILVER SPRING MD

STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

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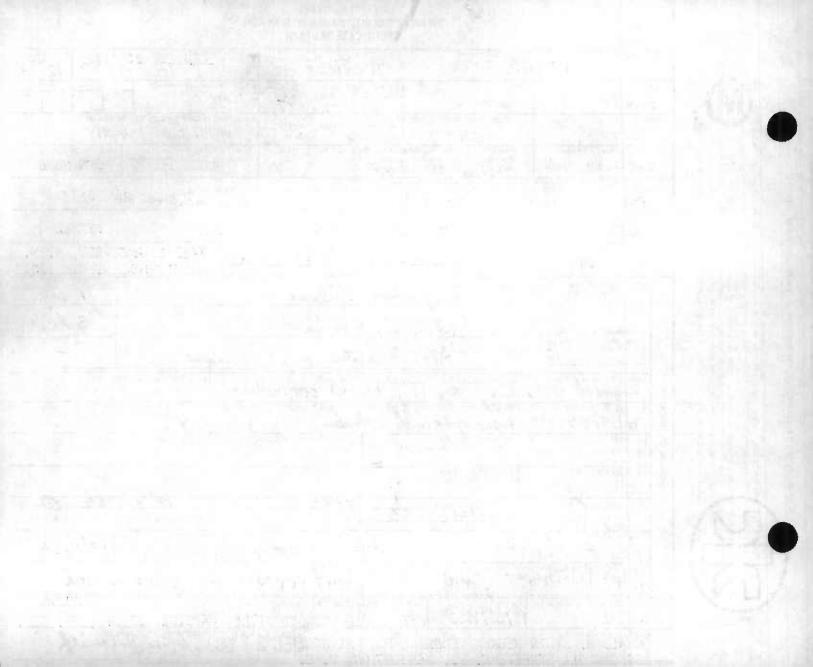
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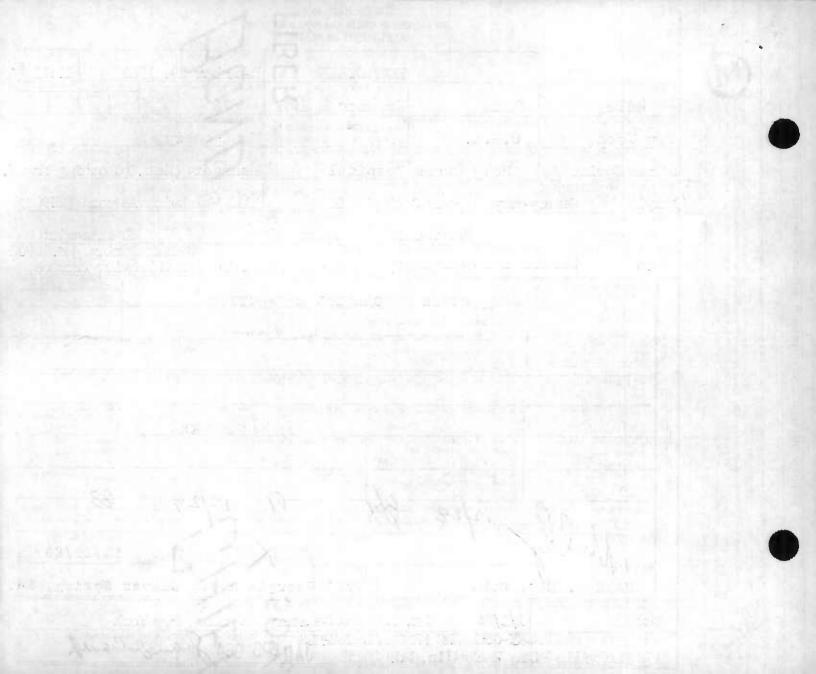
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()	FOR		MARYLAND H AND MENTAL HYGIENE	3 3 6 9 1
# #	- STATE REGISTRAR	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	REG. NO.
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ET SS. S. S. ET,	12x 2 x 2 x	ret Olaine		F ESTI- ITH MATED 12 120 PM
ELAY IS NECESSARY PLEASE TO THE FUNERAL DIRECTOR. 1 PAGE & FOR YOUR FILES. BE FILED, WITHIN 72 HOURS S. 201 W. PRESTON STREET.	3. SEX 4. RACE // 5. DA	NTH DAY YEAR LAST BIRTHDAY) MON	THE DAYS HOURS MIN PRON	ATE MONTH DAY YEAR 24 HOUR
A A A STANCE	7g. BIRTHPLACE (STATE OR 7b.	TIZEN OF WHAT COUNTRY?	9 BAI	TIMORE CITY OR COUNTY OF DEATH
A PART PART PART PART PART PART PART PAR	Penna.	U.S.A. WIDO		Montgomery MD
PAGE PAGE PAGE S. 2011		NAME OF HOSPITAL, NURSING HOME, OR OT FNOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2400 Village Square Te:	FOR MOST OF	CUPATION (TYPE OWORK 12b KIND OF BUSINESS OR INDUSTRY gineer Vitro Labs
F AND DEL F AND 3 TO R REALIN SHOULD BE RECORDS.	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER 130. STATE	R INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c, CITY OR TOWN 1/1/2	13d. INSIDE CITY LIMITS? 13e. STREET AD YES NO 1244	-1086
- 40 0 V	14. FATHER'S NAME		15. MOTHER'S MAIDEN NAME	11-16 distant 18
DEATH. III	George	Hope	Margaret	H. Unknown
A DA A DA	160. WAS DECEASED EVER IN U.S. ARMED F	ORCES? 166. SOCIAL SECURITY NO.	17 INFORMANT	H. Unknown ADDRESS
T., BALTIMO JURS AFTER I B. GIVE PAC WITH FORA IIT. PAGES 1.	(YES, NO, OR UNKNOWN) NO (IF YES, GIVE WAR OR	240 36 7999	Chyleen Carey Rt	#4 Moscow, Penna 18444
, 201 W. PRESTON ST UTED WITHIN 24 HO IN PENCIL IN ITEM I EXAMINER ALONG RIAL - TRANSIT PERM IO MENTAL HYGIENE ION, OR REMOVAL.	18. CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY: 429 IMMEDIATE CAU Conditions, if any, which gave rise to immediate couse (o) stating the underlying couse last.	USE (O) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	Myocard	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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TAL RECC HOULD BE RD "PEND HIEF MEE USED AS OF HEALT	19d DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION V	VAS PERFORMED?	2D AUTOPSY?
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TO LE EXEC	230. BURIAL, CREMATION, REMOVAL 236. DA		OR CREMATORY 23d. LOCATIO	COUNTY STATE
BP		31-83 Shady Lane (cemetery S. Abi	ngton Township Lacka Pa.
DHMH-17 (VR A15 ME (5))	1331 Rockville Pike R	heeler Funeral Home, I lockville, Md. 20852	DAN 3 198	TRAR 1256 REGISTRAR'S SIGNATURE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours aftwith the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal.

any injury, or other troumotic event, th

IMPORTANT: If hem 21 is marked on bem

FOR - STATE

DEPART

STATE OF MARYLAND	6		-7	230		-	
MENT OF HEALTH AND MENTAL HYGIENE	0		O	0	O	1	1
CERTIFICATE OF DEATH		DEG NO					

December 25, 1983 3:00AM, 3:00E National December 25, 1983 3:00AM, 3:00E December 25, 1983 3:00AM, 3:00	1	REGISTRAR		,	EKTIFICATE	DEATH	REG. N	10.				
December 25 1983 3:00AN 1 1 1 1 1 1 1 1 1	Ì			MIODLE	LAST		20 DATE OF DEATH	MONTH	OAY YEAR	26 HOUR		
SEX Male Caucasian Sex Male Caucasian Sex Male Caucasian Month M	1		r Ni	cholas	Horvath		December	25	1983	3:00AM		
Male Caucasian August 14, 1917 B BRTHPLACE STATE PROPERTY MARRED MORED MORE	ı				DATE OF BIRTH				IF UNDER 1 YEAR			
Baltimore city or county of death		Male	Caucas	ian A			66	YRS		HOURS MIN		
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Frank S. Horvath Yolanda Wikkenhauser	1		MIDOLS.	1457	15. MOTHE		WE					
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, , , , , , , , , , , , , , , , , , ,	1	Paul V.										
230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION	1											
Cremation Dec. 27.1988 Metropolitan Crematory Alexandria Virginia												
			FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes 250 DATE REC'D. BY REGISTRAR TO BE THE PROPERTY OF THE PROPE									
P.A. Bethesda, Maryland , UEU 29 1983	-			UEU 2 9 1983 Sam & C.								

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retained by the hospital or attending physician

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17/		KOMA PARK	ATH 11	(IF NOT IN SUCI	OSPITAL, NUR HEACILITY, GIVE STR NGTON A	EET ADDRESS)			(TYPE OF WORK FO	CUPATION R MOST OF WORKIN TIVE ME(G LIFE) INDUSTRY	SCHOOLS
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Poges 1		VAS DECEASED EVER (ES NO OR UNKNOWN) NO	IN U.S. ARME (IF YES, GIVE V		16b. SOCIAL SE 212-84-		17 INFORMA SHERR		MALE, WII		WESTLAK HESDA, MD.	
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te hos beer ssit permit. grene prior shows ony	CERTIFICATION	19a. DATE OF OPERA	TION	19b. CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFO	DRMED	200 AUTOPS	INCE	YES, WERE FIND IT RTIFYING CAUSES YES [NGS USED OF DEATH?
this certificate buriol-transind Mental Hygind or Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR	CAUSE OF DEATH CALEXAMINER) RED	P.A 21e. PLACE (M. MONTH	19	211 LOCATIO	ON		E OF INJURY IN ITEM	18 PART I OR PART 2) COUNTY	STATE
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retoined by the ho TO FUNERAL DIRE should be detoched with the Stote Dept IMPORTANT: If then		22d. PHYSICIAN	ME (TYPE OR P	and AIM	els-		276. ADDRES		MEDICAL DIRECTOR D	STAFF PHYSICIAN [22c. DATE	3/83
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16 50M 4/82 A 15, 4)	K	NAME TO THE	AFF IN	C. LUB	ADDRES	502	0036	UE	U 0 198	33 800	in the las	nely

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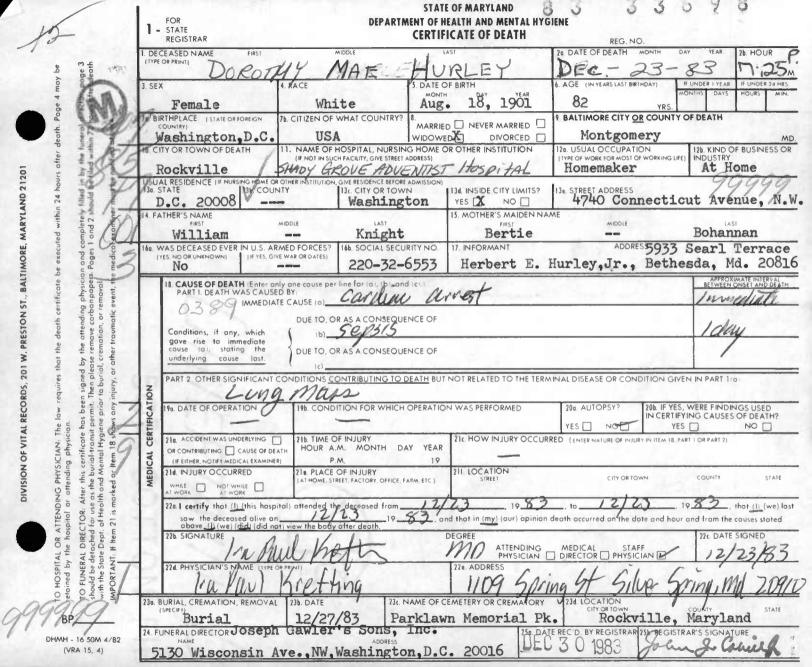
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ompletely ond 2		ather's name Elijah		owell LAST		15. MOTHER'S MAIDEN NA		Parish	LAST	
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(uires that the death or signed by the otherdithen please remove carl a buriol, crematian, or other traumati	N	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	(b)_ DUE TO, (c)	DR AS A CONSEQUENCE OF AS A CONSEQUENCE ON TRIBUTING TO	UENCE OF	hacterial lung Ca			EN IN PART 1(0	
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OR ATTENDING e haspital or oth DIRECTOR, affer ched far use as t Dept. af Health o		220.1 certify that (I) (this h sow the deceased alive above, (I) (we) (did) (di	on Decem	her 20 19				rewher 26 in the date and hou	r and from the	that (1) (we) l couses stated
TO HOSPITAL O retained by the TO FUNERAL DI should be detact with the State DR With AMPORTANT; IF F		22d. PHYSICIAN'S NAME (T	P. Ro	ysten	m	ATTENDING PHYSICIAN 220 ADDRESS	501 Gether	w. Fn	12 Delarish	126/00 m
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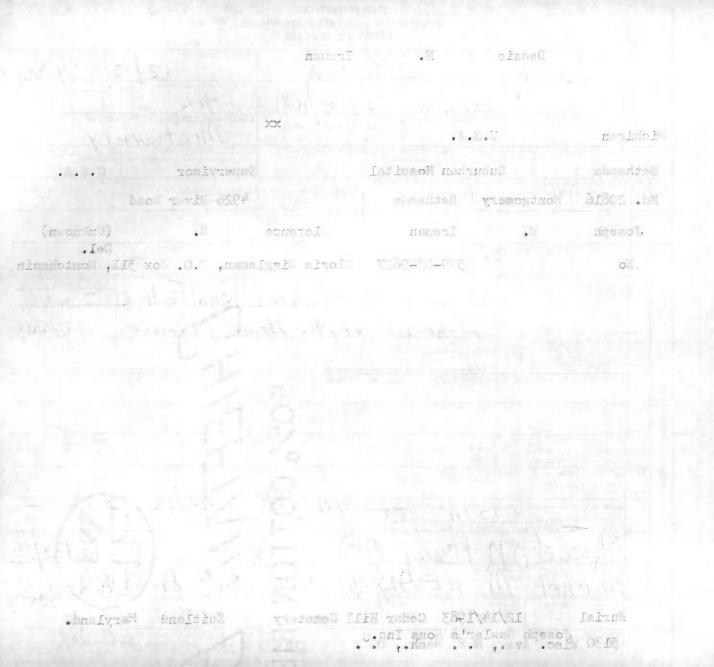
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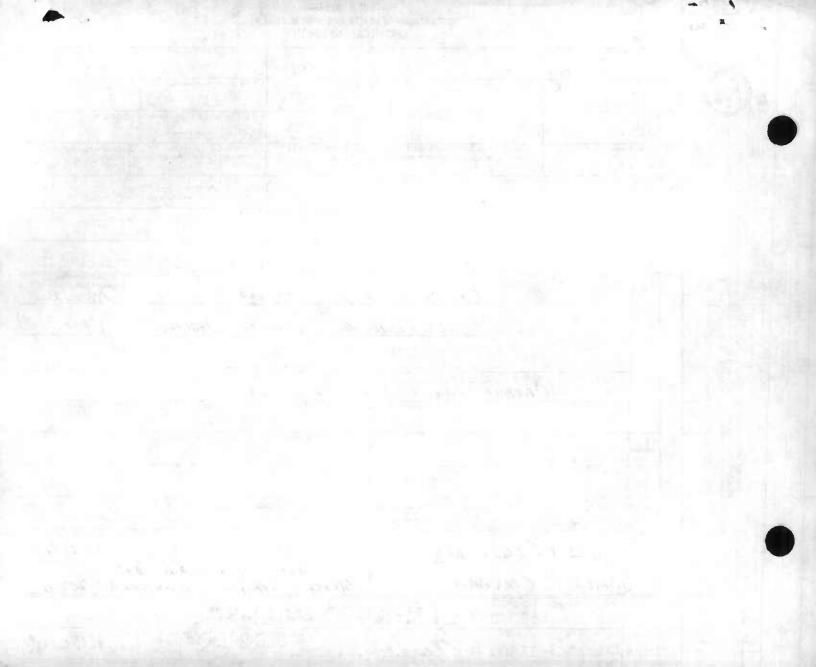
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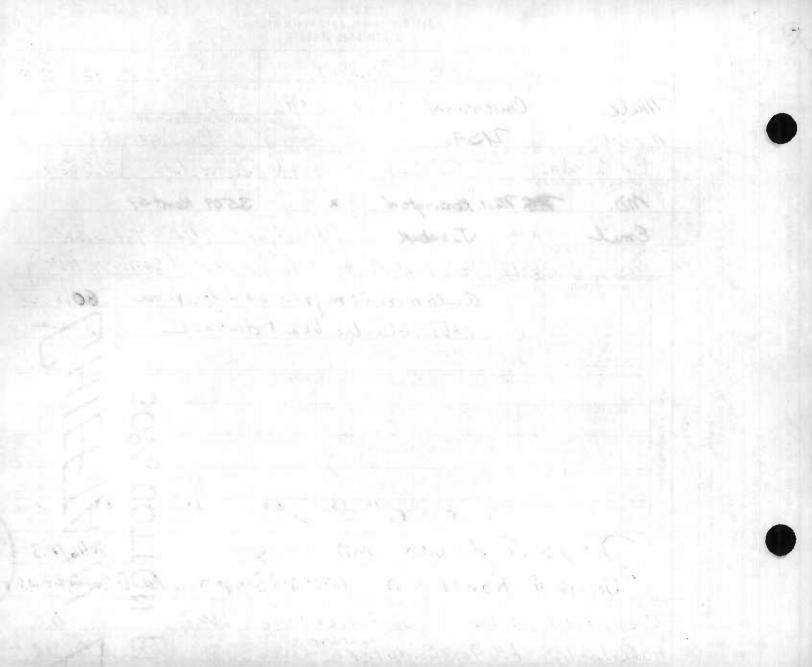


. 6	1	FOR - STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG N	3 3	/ 0	U
Tra.		CEASED NAME FIRST		MIDDLE	i t	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
Pe Pe	1	GEORG	6	8.	Jac	obson	,	12 21	7 83	8AM
eu.	3 SI	Male	Whi	te	S DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 90 YRS		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
See An Albert An	L	IRTHPLACE (STATE OR FOREIGN OUNTRY) Mass.	WIDOWER III. NAME OF HOSPITAL, NURSING HOME OF CASTINSKHACUR, OMETELL APPRENTUL BE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS DUNTY 131. CHY OB TOWN				TA BALTIMORY CITY OR COUNTY OF BEATH			м
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e be exect an and cor Pages 1 at		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) 18 YES, GI	VE WAR OR DATES)	1.0		17 INFORMANT 4 Alice I.J	acobson (W		ame a	s 13E
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w requir	NO	PART 2 OTHER SIGNIFICANT	Chemi	- 1	10	NOT RELATED TO THE TERM		DITION GIVEN	IN PART 10	01
AN: The land.	CERTIFICATION	1% DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, VIN CERTIFY II		NGS USED OF DEATH?
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DING PHY ttending pl After this s the burial th and Mer marked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, S	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.	21f LOCATION STREET	CITY OR TOV	vN	COUNTY	STATE
hospital or a hospital or a DIRECTOR: hed for use a Dept. of Heal if Item 21 is		270.1 certify that (1) (this has saw the deceased alive a abave (1) (we) (did n			[3_, or	11/12 19 72 d that in (my) (our) opinion (deoth occurred on the de	127 19 ofe and hour o		that (we) lo couses stated
TALOR the hosp IAL DIRE etached f etached f are Dept.		WATURE K	Colem	en MD.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF TIAN []	22c. DATE	SIGNED 127/83
TO HOSPITAL retained by the I TO FUNERAL E should be detach with the State D IMPORTANT: I		JAMES R	COLE	nan		SILVER S	PRING N	IA BEN		20910
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DHMH-16 25M (VRA 15, 4) 1/79	24 F	uneral director ines/Rinaldi	11800	ADDRESS		250. PAT	C29983	25h. REGISTRA	R'S SIGNAT	shield



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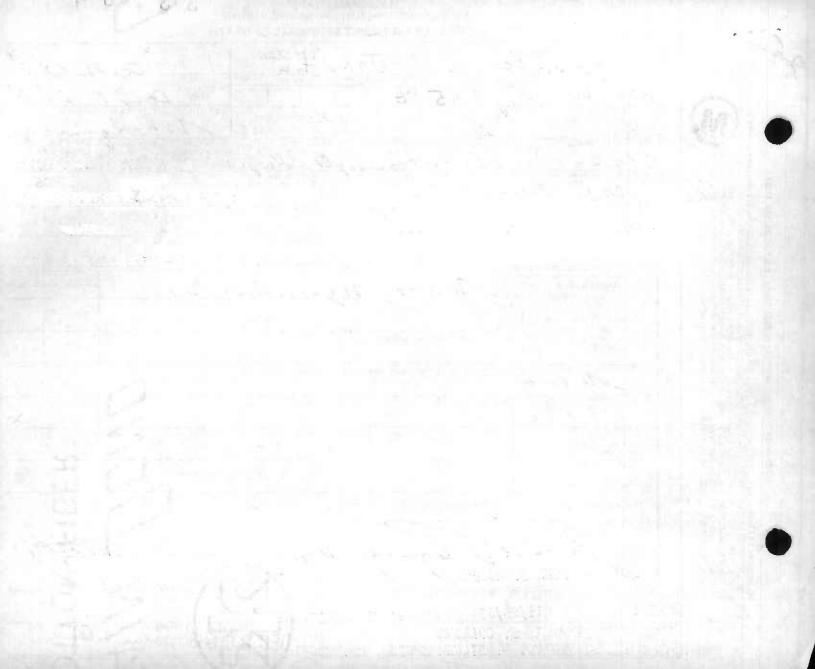
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201 un offer	70	,	Bethesda	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	OAN HO	Spital		F WORKING LIFE) 126. KIND INDUSTR	GOVY.
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BALTIMORE	rs. Pogess		/AS DECEASED EVER IN U.S. ARI (IF YES, GIV YLS (IF YES, GIV	MED FORCES? 166. SOCIAL SE E WAR OR DATES) 470-14	6489 Ja	nette J	RAGER (Same 15	H13)
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8 6	hos been the prior ows ony	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS	PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	DINGS USED ES OF DEATH?
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₹ f	at Diker betoched me Dept.		22h STONATURE Inefly	a Rave	O MO	ATTENDING PHYSICIAN	MEDICAL STAI		16/F3
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- ST	DR ATE GISTRAR		STATE OF I MENT OF HEALTI EXAMINER'S			3
	ASED NAME FIRST	Jewe 11		LAST	20. DATE KNOWN OF ESTI- DEATH MATED 12	2 8 83 YEAR 19:
3. SEX	ale white	5. DATE OF BIRTH	6. AGE (IN YEARS IF UI	NDER 1 YR. IF UNDER	24 HRS. 7c. DATE PRONOUNCED 2 28	183 YEAR 924. HO
FORE	HPLACE (STATE OR GN COUNTRY) Georgia	U.S.A.	WIDOV		ED MOIT L GOINET Y	County
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USUAL 130. STA	y land Mont		bona Park	AES NO NO NO	7609 Pastern A	ve #201
Jo:			LAST	15. MOTHER'S MAIDE Almetta	Bell	LAST
(YES,		WAR OR DATES)	nknown	Lillie J	ewell(7603 East	tern Ave, NW.
	Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> . PART 2 DTHER SIGNIFICANT CONDITIONS	(b)	RT 1 (a).			
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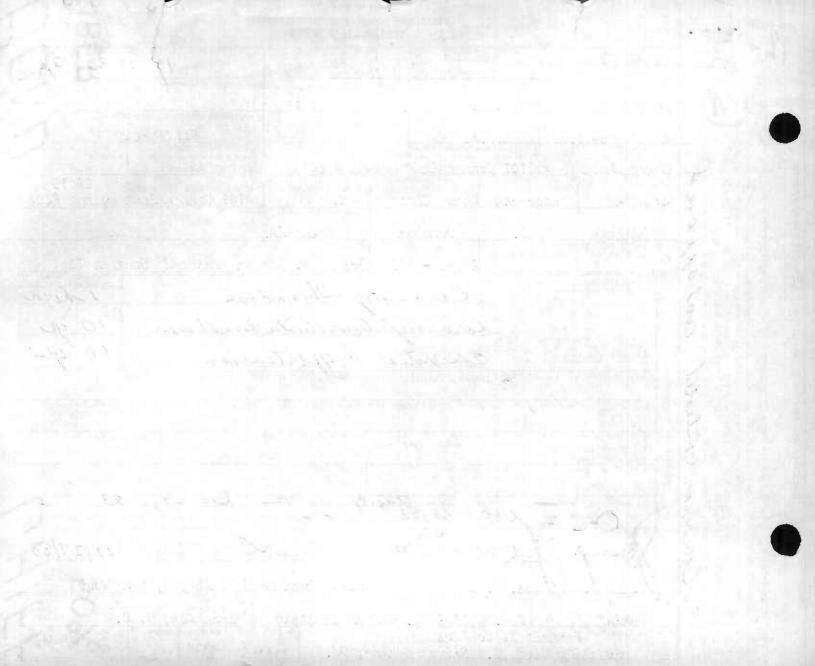
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			FOR		ST. DEPARTMENT OI		ARYLAND AND MENTAL HY	GIENE 3 3	, 0	
-			STATE REGISTRAR	ME	DICAL EXAMI	NER'S C	ERTIFICATE OF	DEATH REG	i. NO.	
26			CEASED NAME FIRST V	ance	MIDDLE	- '	Johnston	20 DATE KNOWN	MONTH	DAY YEAR 26 HOUR
240	SSE SE		1/20	CS	М.	UOL	n. Hon	OF ESTI- DEATH MATED	Dec 2	1 1983 PM
V	A CHANGE	3. SE)	A LA	5 DATE OF BIRTH	YEAR LAST BIRTH	YEARS IF UNE	DEN I IN. III OTADER 2	MIN PRONOUNCED	HINOM	DAY YEAR 24. HOUR
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		e FO	EW YORK	USA	THAT COOKING!	MARRIE			120	
	NE WELL		TY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSING HO	ME, OR OTHE		120. USUAL OCCUPATION	(TYPE OF WORK) 721	KIND OF BUSINESS
	A PART OF THE PART		6/nay	1	ACILITY, GIVE STREET ADDRESS	na-en y	Ben 1,460	FINANCIAL A	NALYST	U.S. GOV't
5	DE STORE	30. S	AL RESIDENCE (IF IN NURSING HOME OF	OR OTHER INSTITUTION, GI	VE RESIDENCE BEFOR ADMIS	ISION)		13e STREET ADDRESS		20906-
. 21201	本名語の		ms/	nont	13.10	200	YES NO.	- +0597 Haxe	lmere Co	
WD.	HE SWEET	14. FA	ATHER'S NAME	MIDDLE	LAST	0	15. MOTHER'S MAIDEN	NAME		LAST
ORE	SA MAG	16a. V	VÂNCE VAS DECEASED EVER IN U.S. ARI	M. MED FORCES?	JOHNSTON 166 SOCIAL SECUR	ITY NO.	ELLEN 17. INFORMANT	ADDR	ESS.	GAGE
BALTIMOR	XECUTED WITHIN 24 HOURS AFTER NG" IN PENCIL IN ITEM 18. GIVE NA. EXAMINER ALONG WITH FOR BURIAL - TRANSIT PERMIT PAGEN AND MENTAL HYGIENE, DIVISION, OR REMOVAL.	(Y	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	080-01-29		REBECCA N.	JOHNSTON -	WITE CAL	ME AS # 13
	DIN DIN		18 CAUSE OF DEATH (Enter on	ly ane couse per line			NEDECCH IV.	י אוטובאווטב	WIIL SAN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TS No	24 HOUR TEM 18 ONG W PERMIT SIENE, E	- 7	PART I DEATH WAS CAUSEI		Jante	M	Lecard	is Div		BETWEEN ONSET AND DEATH
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9	BE EXECUTED IN BOUNDS IN BEDICAL EXA AS A BURIAL AND MITH		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION GIVEN IN PART	1 (a)		
RECORDS	MEDIN MEDIN MEDIN AS A E	N O	Non	e						
1 86	AOULD RD "PE HIEF A USED A	CERTIFICATION	198. DATE OF OPERATION	196 CONDI	TION FOR WHICH OP	ERATION WA	AS PERFORMED?		7-1	20_AUTOPSY?
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ρί	THIS CER WRITIN VARDED AGE 3 SI ATE DEP	M	WHILE NOT WHILE DAT WORK	STREET, FAC	TORY, FARM, ETC.)	ST	REET	CITY OR TOWN	COUNT	Y STATE
	±≥&≺		226 certify that I took charge	ne of the remains des	scribed above held an	Autopsy	y , Inspection	Inquiry .	and in my apinio	on.
	EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: V, WITH THE SAMARYLAND,			ral causes 🔄	Accident ,	suicide ,	Homicide .	Undetermined manner],	
	EXA CERT CUD I WAR		ACTUAL /	0 01	1		TITLE (SPECIFY)			20.00
	CAL SHOOT FALL		SIGNATURE 35	20	agen	1, M.	Day	MEDICAL EXAMINER	5226	0,171783
	MEDICAL EXAMENTED THE CERT CENT OF 4 SHOULD FUNERAL DIRECT THE DEATH, WITH MARKET THE DEATH MARKET THE DEA		EXAMPLE S NAME JOHN	V S. ROGET	RS, MO		ADDRESS SILV	ER SPRING, M	ARVIAND	
	PAGE PAGE BAGE		URIAL, CREMATION, REMOVAL 2		23c. NAME OF C			23d. LOCATION CITY OF TOWN	COUNTY	STATE
	BP			12/26/83	SPRING	HILL	CEMETERY	EASTON	MARI	
	DHMH - 17			IS J. COL			25a. DATE RE	O 1002	EGISTRAR'S SGI	Cahul
1	(VR A15 ME (5)) 20M 4/82	50	O UNIVERSITY BL	VD. W. SI	LVER SPRING	G, MD.	20901 000	20 1000		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 2a. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) NETH IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX WHITE BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MONTGOMERY INDIANA U.S.A. DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF SIMILES OR (TYPE OF WORK FOR MOST OF WORKING LIFE) RESEARCH ANALYST BUSINESS ADM. USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, 130, STATE GIVE RESIDENCE BEFORE ADMISSION) 130. STREET ADDRESS 1012 LOXFORD TERRACE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? SILVER SPRING 20901 MONTGOMERY MARYLAND YEXX NO [A. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAMBERT WILLIAM ARTHUR GLENDORA ADDRESS I MAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) PAUL O. JONES SAME AS 13 HUSBAND 314-16-9478 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stofing DUE TO, OR AS A CONSEQUENCE OF underlying cause CATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 714. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from 83 saw the deceased alive on above (D(we)(did) did not) view the body after death. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 226 SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR STAFF should be deta with the State [PHYSICIAN [MPORTANT: 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Mb. 12/9/83 PARKLAWN CEMETERY ROCKVILLE BURTAL 24 FUNERAL DIRECTOR FRANCIS J. COLLINS REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 500 UNIV. BLVD. W. SILVER SPRING. MD. 20901 (VRA 15, 4)

Synten my trans 25/11/2 ams 2 3464 5 many space they were very some the same



11800 N.H. Ave.,

Silver Spring, Md.

STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

Hines Rinaldi Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

20904

Utterbaugh

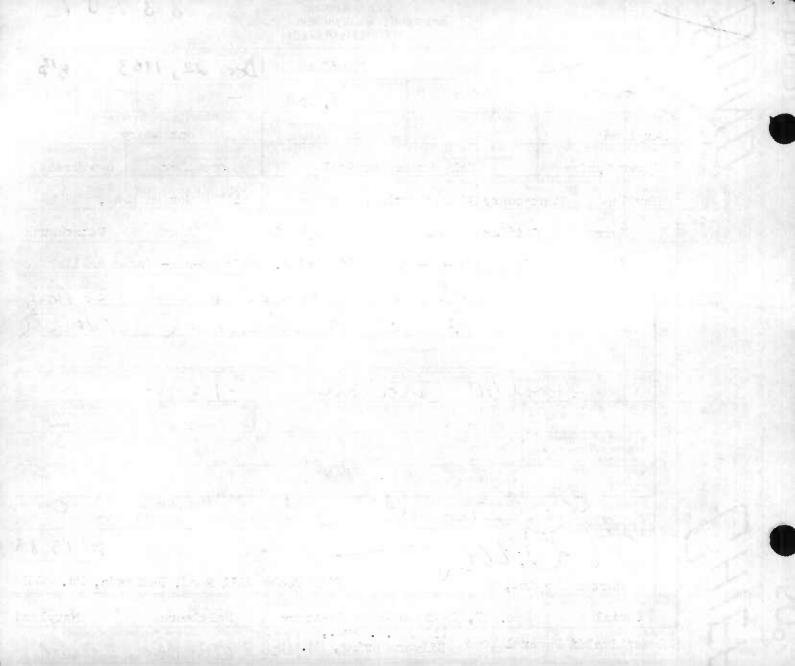
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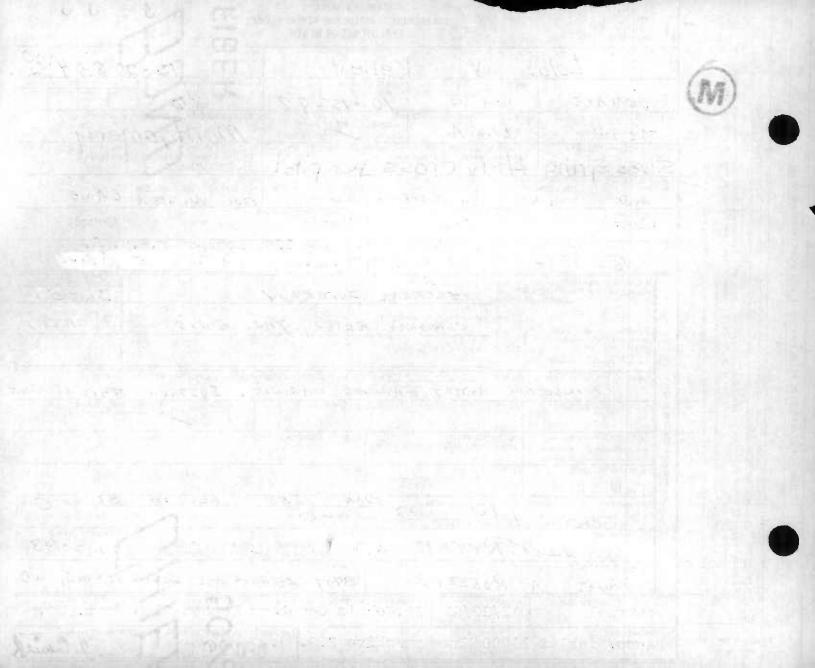
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25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

IF UNDER 24 HRS



(VRA 15, 4)



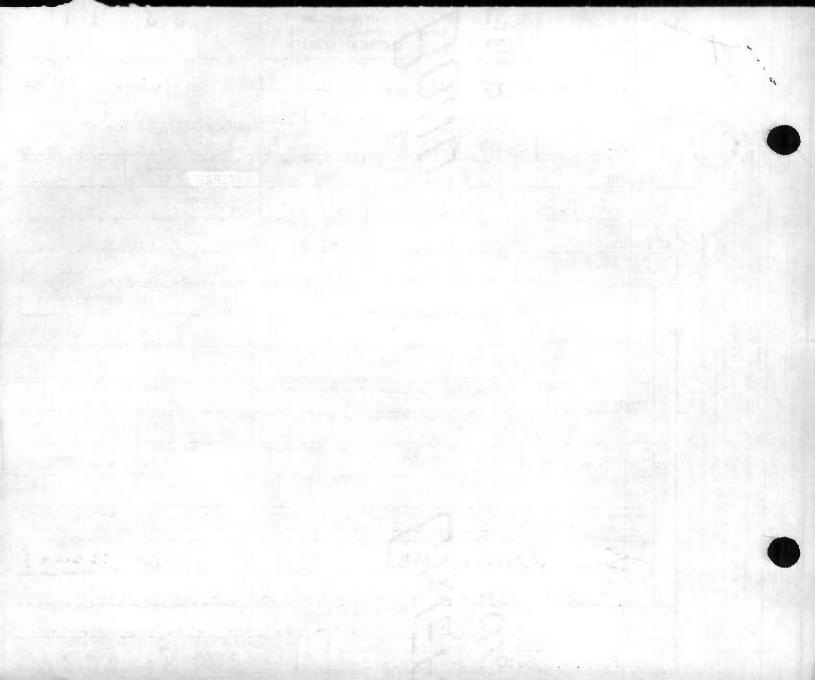
500 UNIVERSITY BLVD. W. SILVER SPRING. MD

(VRA 15. 4)

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1 6/1	7a. 8	RTHPLACE STATE OF			VHAT COUNTRY	(? 8.	NEVER MARRIED	O DALT	MORE CITY O	R COUNTY OF DEAT	Н
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10	10. C	TY OR TOWN OF DE	VINO 11.	(IF NOTIN LUCH	OSPITAL, NURS	ET ADDRESS)	HOSPIT	TYPE OF	WORK FOR MOST O	F WORKING LIFE) INDUS	TRY DEFENC
6/1	ÜSÜ.	AL RESIDENCE IN NUE	SING HOME OF OTH	ER INSTITUTION	GIVE RESIDENCE BEF	DRE ADMISSION)		1	ervisor	vepa	Navy
11		ruland	136 COUNTY		Silver.		13d. INSIDE CITY LIMIT YES 🕅 NO 🗍	'S? 13e. STR	EET ADDRESS	llmoor Dri	200
4		THER'S NAME	Montgo	mery i	Suver	Spricing	15. MOTHER'S MAIDE	NNAME		XXIIIOOR VIX	ve 209
10/	/	Thomas	MIDE	DIE	Kelly		Lillie	71/1	MIDDLE	Barcl	LAST
100	16a \	VAS DECEASED EVE	R IN U.S. ARMEI	D FORCES?	16b SOCIAL SE	CURITY NO.	17 INFORMANT	ari	ADDRE		uy
2/	N	res, no or unknown)	(IF YES, GIVE WA	AR OR DATES)	199-07-	0509	Mildred B	KOPPU	wife	. Same as	13
rermit. Then please in the prior to burial, crease ony injury, or other	CERTIFICATION	cause (a), stati underlying caus PART 2 OTHER SIG	e last	(c) NDITIONS <u>CO</u>		O DEATH BUT	NOT RELATED TO THE	200	AUTOPSY?	20b. IF YES, WERE FII IN CERTIFYING CAU	NDINGS USED USES OF DEATH?
Shov	- 2	71a. ACCIDENT WAS UP	DEBLYING [7]	21b. TIME O1	FINITIRY		Tale HOW IN ILIPY OF	YES (CUPPED (COM		YES T	NO []
H B H		OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.A	M. MONTH			(211	EX TAXOUE OF ESSE		
d or He	MEDICAL	216 INJURY OCCUI		P.A 21e. PLACE C (AT HOME STRE		E, FARM, ETC)	211 LOCATION STREET		CITY OR TO	wn count	y STATE
lth o		AT WORK AT W	ORK -			A .			Page of	/ 23	
Heb ris		. 22a I certify that (d that in (my) (our) op		Dec 2		, that the (week)
d for		abave, ## (we)	sed alive on /	iew the bady	after death		DEGREE	mon deam oc	corred on the di		ATE SIGNED
Dep Dep		THE IGNATURE	163		1.0	40	ATTENDI			FF _ /7	c 26. 19
2827	- <	22d. PHYSICIAN'S N	IAME (TYPE OF PR	INTI	Jew , /	710	PHYSICIA 220 ADDRESS 24	5 1/MIL	TOR PHYSIC	Bludy	1 26,11
18/		Rayma	nd Bi	rade	LIW	r Mr	51	VPT 4	Covilue	MI	
13-	23a.	BURIAL, CREMATION		73b DATE	23	NAME OF C	EMETERY OR CREMATO	ORY 23d. L	OCATION	1100	
		SPECIFY) Burial		000 28				emeter	CITY OR TOWN	idelphia	Pa
OM 4/82	-	UNERAL DIRECTOR	Franci	J. Co	ellins	SA_LUU			BY REGISTRAR		
om 4/82 i, 4)	50	O Univers					. Md.	UEU 2	8 1983	Johns	lakely

ENERS A SI H prising the discount The state of the part was placed by the property of the



STATE OF MARYLAND

WIDOWED [

DEPART	MENT OF HE	ALTH AND MI	ENTAL	HYGIEN	1E						
MEDICALI	EXAMINE	R'S CERTIFIC	CATE	OF DE	HTA	REG.	NO.				
MIDDLE		LAST			20 DATE	KNOWN		MONTH	DAY	YEAR	2b. HOUR
Josep	ph	Kerley			DEATH	MATED		12/	/22	19 83	M
5. DATE OF BIRTH		IF UNDER 1 YR.	IF UNDE	R 24 HRS.				HINOM	DAY	YEAR	24. HOUR
Dec. 20, 1932	51 YRS.	MONTHS DAYS	Hours	MIN.	PRONOUN DE AD			12/	/22	19 83	A: 22
7b. CITIZEN OF WHAT COUN	TRY?				9 BALTIM	ORE CITY	OR	COUNT	Y OF	DEATH	

AA OI White Male Dec To RISTHPLACE INTAILER Arizona USA

Edwin

IL CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Silver Spring 2232 Kingshouse Road

13b. COUNTY 13c. CITY OR TOWN Maryland

CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),)

13d INSIDE CITY LIMITS? Montgomery Silver Spring MIDDLE

Kerley

16b. SOCIAL SECURITY NO. Korean Conflict 526-34-8898

15 MOTHER'S MAIDEN NAME Madalene 17 INFORMANT

DIVORCED

MARRIED & NEVER MARRIED

YEST NO

2232 Kingshouse Road

MIDDLE

FOR MOST OF WORKING LIFE!

Dept. of Labor

13e. STREET ADDRESS

Montgomery County

Margaret M. Kerley-wife-(same as 13e)

12b. KIND OF BUSINESS OR INDUSTRY

US Govt.

Kerley

APPROXIMATE INTERVAL

20. AUTOPSY?

NO X

STATE

IMMEDIATE CAUSE (a) Carcinoma of the esophagus. Canditians, If any, which gave rise to immediate couse (a) stating the under-In ng cause last.

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I DEATH WAS CAUSED BY

REGISTRAR DECEASED NAME (THE OF PERM)

14. FATHER'S NAME

George

YES NO OR UNKNOWN)

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g)

None

None 210. EXTERNAL CAUSE WAS UNDERLYING

19s DATE OF OPERATION

AT WORK

ACTUAL

SIGNATURE

weath resulted fram:

Cremation

230. BURIAL, CREMATION, REMOVAL 236 DATE

21b. TIME OF INJURY HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21e PLACE OF INJURY (ATHOME STREET, FACTORY, FARM, ETC.) NOT WHILE

220 I certify that I took charge of the remains described above, held an

Natural causes X

Autopsy

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?

None 211 LOCATION

> Inspection Hamicide

Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER

1919 Seminary Road ADDRESS Silver Spring, Montgomery, Md

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION Lee's Crematory

Washington, DC

CITY OF TOWN

COUNTY

COUNTY

and in my apinian

STATE

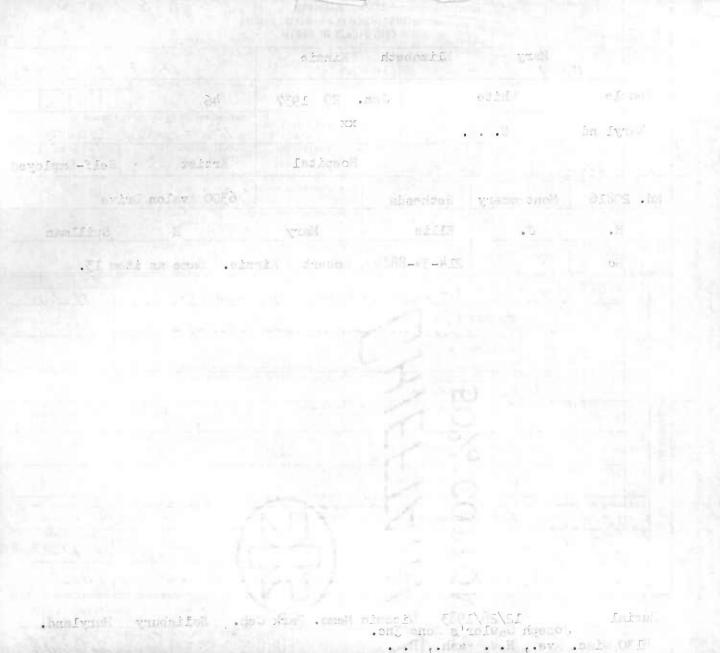
DHMH - 17

(VR A15 ME (5)) 20M 4/B2

24 FUNERAL DIRECTOR 74 FUNERAL DIRECTOR
Hiness/Rinaldi Funeral Home Silver Spring, Md.

John S. Rogers, M.D.

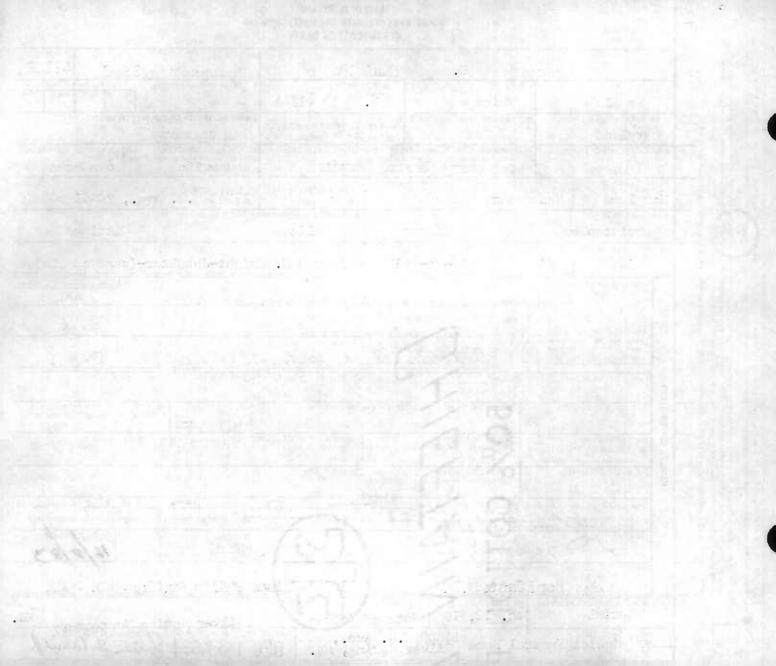
Dec. 27, 1983



10		1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	GIENE REG. NO.	7 1 4
2	16		EASED NAME FIRSAG	1 TITCI	LLEKINK KIRK	28. DATE OF DEATH MONTH	12/83 0020 M
Poge 4 moy		3 SE)	-emale	white	5. DATE OF BIRTH MONTH DAY YEAR OF 19	6. AGE (IN YEARS LAST BIRTHDAY)	
death. Po	W	A	RTHPLACE (STATE ORFOREIGN OUNTRY) I.ABAMA TY OR TOWN OF DEATH	76. ČITIZEN OF WHAT COUNTRY USA	MARRIED WINDOWED DIVORCED	7 Mon egon	ery
1201 Jurs offer	160 and 160 an	F	OCKUILE LE RESIDENCE (IF NURSING HOME O	Shady brove	HOSpital Centri L	120 USUAL OCCUPATION CONSTRUCTION ASSEMBLY	12b. KIND OF BUSINESS OR INDUSTRY LECT.
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours	2 should b	13a. S	TATE 136 COU MONT	tgomery scity or to			dick Ave#106
E, MAR	puo loud	lán V	e on Thom		Offinie	ADDRESS	art (AST
LTIMOR be exe	ers. Pages	nδ	ES, NO OR UNKNOWN) (IF YES, GI	inty and cause per line for (a), (b), a	4092 W.G. Kirk	Same as # 13	APPROXIMATE INTERVAL BETWEEN ONSET AND DE ATH
W. PRESTON ST., of the death certific	n signed by the artenaning physicia Then please remove carbon papers: to burial, cremation, or removal. injury, or other fraumotic event, the	NO	Conditions, if ony, which gave rise to immediate couse iol, stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF T	JENCE OF	TRAINAL DISEASE OR CONDITION	GIVEN IN PART TIO
The lo	burial-fransit permit. I Mental Hygiene prior or Item 18 shows any	MEDICAL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE URE EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH (P.M. 21a. PLACE OF INJURY	19 211 LOCATION		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18 PART I OR PART 2}
OR ATTENDI	200 =	W	sow the deceased alive or	Dital) attended the deceased from not yield be body after death.	TARM ETC /	on death accurred an the date and	, 19
	should be defined by the Store	23a B	224. PHYSICIAN'S NAME (TYPE SUSAN J URIAL, CREMATION, REMOVA SPECIFY)	WITHROU	22e. ADDRESS	Part, Gaithe	
	5 50M 4/B2	24. FU	urial	Dec.14,1983 BER LAYTONSVILLE	le als	203 00110	Mon't Md state

office to different of the SEA G-FULL TO THE TAX THE TAX

10	11-	FOR STATE REGISTRAR				MENT OF H	OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH		REG. NO.			lie)
1 m #		ASED NAME	FIRST		AIDDLE		AST		_		AY YEAR	2b. HOUR
be oge 3			De1ma		Mae	Kni	0		ember :		1983	10:47P M
ffer p	3. SEX			4 RACE		5. DATE C	F BIRTH		N YEARS LAST BIRTHE		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
necto urs o	460	Female		Caucasi		May	2, 1918 YEAR	6.		YRS.		
leoth. Po	Ma	hplace (State) ryland		United	WHAT COUNTRY? States	MARRIE WIDOWE	NEVER MARRIED		nore city or atgome			MD
of the fe		ckville		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	atist Hosp	(IYPE OF W	AL OCCUPATIO YORK FOR MOST OF Y MAKET		126. KIND O INDUSTRY OWN H	of Business or Home
36	Mar Mar	yland	136 COUN	ROTHER INSTITUTION,	GIVE RESIDENCE BEFORE 134 CHTY OR TOW Silver S	ADMISSION)		? 13e STRE	et address Ritchi	ie Av	enue 2	20910
ond 2 st		HER'S NAME William		MIDDLE H.	Roberts		Sarah		MIDDLE		Roberts	son
be execu-		S DECEASED EV., NO OR UNKNOWN		RMED FORCES? E WAR OR DATES)	215-34-2		Robert L.	Knight	same a	_	3	
equires that the deoth certificate be execut in signed by the attending physicion and co Then please remove corbon papers. Pages 1 to burial, cremation, or removal. injury, or ather traumatic event, the medical		Conditions, if a gove rise to couse (a), st underlying co	ony, which immediate toting the buse lost	DUE TO, OI DUE TO, OI DUE TO, OI (c)	R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO E	ENCE OF	antice and and related to the t			ITION GIVE	1/h	IMATE INTERVAL ONSET AND DEATH
The low rion. In hos bee the permit. In how sony	CERTIFICATION	DATE OF OPE	RATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU YES		20b. IF YES, IN CERTIFY YES	, WERE FINDIN YING CAUSES	NGS USED OF DEATH?
NG PHYSICIAN: The law requir attending physician. ther this certificate has been sign as the buriel-transit permit. Then th and Mental Hygiene prior to be arked or Item 18 shows ony injury	S E	To, ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY M Td. INJURY OCC	CAUSE OF DEA	HOUR A.	M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCC	CURRED (ENTER	NATURE OF INJURY	IN ITEM 18, PA	ART 1 OR PART 2)	
DING PHY or othendi After this se os the bu			T WHILE	21e PLACE (AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TOWN	ł	COUNTY	STATE
TTEN pital TOR for us of He				ot) view the book	deceosed from 19 19 19 19 19 19 19 19 19 19 19 19 19	~	d that in (my) (over) apin	on death accu	rred on the dot	e and hour		
TAL OR A yy the hos, yy the hos, RAL DIREC detoched detoched tote Dept. UT; If Item		A/	elle	un T	5 Ciu	12			AL STAFF			11/83
TO HOSPITAL Cetoined by the TO FUNERAL D should be detected with the Store D IMMORTANT: If			lliam	D. Aud	•		Si1	ver S	esvill pring,	e Ro MD	ad 2091()
BP	(58)	Burial		14. 19	83 Geo	orge V	emetery or cremato Vashington (Cem. Add		Maryl:		STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24. FUN			A. Pump lle, Mar	hreyFune yland 2	eral H 20850	lomes,PA 250.	TECT (registrar 25 6 1983	Sh. REGISTS	PAR'S SIGNAT	shield



FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 50M 4/83

(VRA 15, 4)

1170 Rockville Pike; Rockville, Md. 20852

Warren Kornberg: 11019 Kenilworth Avenue: 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 COUNTY STATE and that in (my) (our) opinian death occurred an the date and have and from the causes stated 11161 New Hampshire Ave.; Silver Spring, Md. Washington, D.C. 24. FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL, CHAPELS BEDATE FOR BY ROBINAL REGISTRAL REGIST

REG NO 20 DATE OF DEATH MONTH

2b. HOUR

HOUR5

12b. KIND OF BUSINESS OR

Home

(20852)

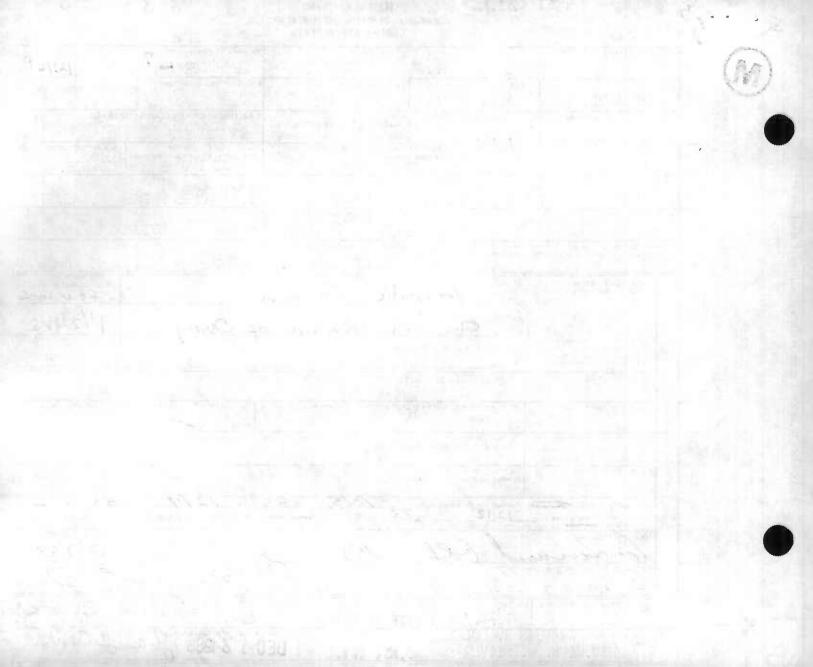
MONTHS DAYS

INDUSTRY

Sachs

1:20p.

		REGISTRAR				ATE OF DEATH	REG.			
(A)		CEASED NAME FIRST OR PRINT)	CAROL	T.	LAST	KOWALCZYK	DECEMBER	'/		12:16 f
7	3 SE	FEMALE	4 RACE WHITE		S DATE OF I	DAY YEAR	6. AGE (IN YEARS LAST O		ONTHS DAYS	HOURS MI
TZ Street	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	U.S.A.	VHAT COUNTRY?	MARRIED (NEVER MARRIED	MONTGOME	OR COUNTY C	OF DEATH	
dy the true	10 CI	PENNSYLVANIA TY OR TOWN OF DEATH ILVER SPRING	11. NAME OF HE	OSPITAL, NURSIN I FACILITY, GIVE STREET NOVES 1	ADDRESS)	DIVORCED DITHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST SEWING	TION OF WORKING LIFE)		F BUSINESS
10 CE	USU.	AL RESIDENCE (IF NURSING HOME TATE 136 COL	OR OTHER INSTITUTION, C		E ADMISSION)	IL INSIDE CITY LIMITS?	130 STREET ADDRESS 1504 NOYE	5		20910
nd 2 movet	1	THER'S NAME FIRST AUDREY	WIDDLE	TÖRKOU		MOTHER'S MAIDEN NA			OWSKA ^{^°}	
Pages 1.2	C	VAS DECEASED EVER IN U.S. A res, no or unknown) (1 (1 yes, g NO	RMED FORCES? IVE WAR OR DATES)	181-10-		INFORMANT CHESTER E. K		RESS SAME		HUSBA MATE INTERVAL DISET AND DEA
of by the a sale removial, crima ry, or othe		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(c)	AS A CONSEOUI	ENCE OF	OT RELATED TO THE TERA	AIN AL DISEASE OR CO		N IN PART 10	
Men plans to but y	Z	PART 2 OTHER SIGNIFICANT			Maria .		ANAL DISEASE OR CO	NDITION GIVE	IN HAT AKT TO	
te has ben um permit. Then pi jiene print ne ha	TIFICATION	19a DATE OF OPERATION	196. CONDIT	ION FOR WHICH	il io		200 AUTOPSY? YES NO	20b. IF YES,	WERE FINDIN	
ysician. ertificat transit p tal Hygie Item 18	CAL CERTIFICATION		21b. TIME OF HOUR A.M	INJURY A. MONTH DA	OPERATION Y		200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?
- 5 0 E	MEDICAL CERTIFICATION	198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMINE) 218. INJURY OCCURRED	21b. TIME OF HOUR A.M	INJURY A. MONTH D	OPERATION Y	WAS PERFORMED	200 AUTOPSY? YES NO	200. IF YES, IN CERTIFY! YES	WERE FINDIN	OF DEATH?
ral or attending physician. CTOR: After this certificater use as the burial-transit pf Health and Mental Hygis		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LEFT ETHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK NOT WHILE AT WORK AT WORK Sow the deceased olive obove, (I) (westable) did	21b. TIME OF HOUR A.N. R) 21e. PLACE O (AT HOME, STRE	INJURY A. MONTH D, A. JF INJURY deceased from	OPERATION V	NAS PERFORMED It HOW INJURY OCCUR II LOCATION STREET 19 8 19 8 19 19 19 19 19 19 19 19 19 19 19 19 19	200 AUTOPSY? YES NO	200. IF YES, IN CERTIFY! YES JURY IN ITEM 18, PAR	WERE FINDING CAUSES TO OR PART 2) COUNTY	STATE
hospital or attending physician. DIRECTOR: After this certificate hed for use as the burial-transit pept. of Health and Mental Hygic If Item 21 is marked or Item 18		19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF ETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NIT WORK Sow the deceased olive obove, (!) (we) third idid 22b. SIGNATURE	21b. TIME OF HOUR A.N. R) 21e. PLACE O (AT HOME, STRE	INJURY A. MONTH D, A. JF INJURY deceased from	OPERATION V	NAS PERFORMED IL HOW INJURY OCCUR II LOCATION STREET O	200 AUTOPSY? YES NO PRED (ENTER NATURE OF IN CITY OR TO death occurred on the	20b. IF YES, IN CERTIFY! YES JURY IN ITEM 18, PAR OWN	WERE FINDING CAUSES RT 1 OR PART 2) COUNTY	STATE
ral or attending physician. CTOR: After this certificater use as the burial-transit pf Health and Mental Hygis	MEDICAL	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LEFT ETHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK NOT WHILE AT WORK AT WORK Sow the deceased olive obove, (I) (westable) did	21b. TIME OF HOUR A.M. P.M. 21e. PLACE O (AT HOME, STRE	DE INJURY A. MONTH D. A. OF INJURY GET, FACTORY, OFFICE, F deceased from fifter deoth. OFFICE, F OFFICE,	OPERATION V	NAS PERFORMED TO HOW INJURY OCCUR TO LOCATION STREET THAT IN (my) (wor) Opinion GREE	200 AUTOPSY? YES NO PRED (ENTER NATURE OF IN CITY OR TO PRED CENTER OF IN	20b. IF YES, IN CERTIFY! YES JURY IN ITEM 18, PAR OWN	WERE FINDING CAUSES TO OR PART 2) COUNTY	STATE



certificate be

nding physicion and completely filled in by the funeral director, corbanpapers. Pages 1 and 2 should be filed within 72 hours aft

signed by the ottending

injury, or other troumatic event, the

should be detached for use as the burial-transit permit. Then please remove corbanopes with the State Dept, of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If them 21 is marked or them 18 shows ony

After this certificate has been

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

KE	GISTRAR								REG. N	O.			
I. DECEA	SED NAME	FIRST	,	MIDDLE	L	AST		20. DATE C	F DEATH	MONTH	DAY YEAR	2b. HO	UR Les
(TITE OK)	4041)	COBY		AKBAR_	K	RAUTH	AMER	DEC	. 22	, 19	83	9-	
3. SEX		-	4. RACE		5. DATE C		YEAR	6 AGE (IN	YEARS LAST BE	RTHDAY)	MONTHS DAY		R 24 HRS
M	ALE		WHIT	E	DEC	9	1976	7	YRS.	YRS.			
a. BIRTH	PLACE (STATE O	OR FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER	MARRIED X	9 BALTIM	ORE CITY	OR COUNT	TY OF DEATH		- 33
	H. D.C		U.S.	Α.	WIDOWE		NORCED T	N	ONTG	OMER	Y		N
0 CITY	OR TOWN OF D	EATH	(IF NOT IN SUC	HOSPITAL, NURSIN	G HOME C	R OTHER IN	COMPUS		OCCUPAT			OF BUSIN	ESS O
		D.	24315			PL.	MD.	N/	'A		1 N	/A _	45
USUAL R		JRSING HOME OR C	OTHER INSTITUTION,	13c. CITY OR TOW		13d INSIDE	CITY LIMITS?	13e STREET	ADDRESS	/ ZIP COI	DEXU	10	2
	D.	MON		COMAS		YES 🔀	NO 🗌	2431	5 OL	D HU	NDRED	RD.	
4 FATHE	ER'S NAME FIRST	M	AIDDLE	LAST		15. MOTHER	'S MAIDEN NAM	NE .	MIDDLE			AST	
	GARY			KRAUTHA			NANCY					DIAN	
	DECEASED EVE		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORM	ANT	2	4315	OLD	HUNDE	RED I	RD.
ИО		NON	E	NONE		GAR'	KRAUT	HAME	R	COMP	S. MAI	RYLA	ND
18	CAUSE OF DEA	ATH (Enter only	y one cause per	line for (a), (b), and	47	,)				BETWEE	DXIMATE INTO	D DE AT
	PARTI. DEATH		E CAUSE (a)	resper.	urn	y sh	relux	l			101	nin	uti
	054	13	DUE TO. O	R AS A CONSEQUE	NCE OF .	1,1					10		1
C	anditions, if ar	ny, which	((b)	aski		con					120	muni	
	ove rise to in		DUE TO O	R AS A CONSEQUE	-0.	n				1 6	11 4		
	nderlying cau		100000	maenit	00	11/201	sinche	1 N. D.	uech	hASI	TIN 7 A	near	0
PΔ	RT 2 OTHER SI	GNIFICANT C		ONTRI UTING TO E		NO RELATE	D TO THE TERMI	NAL DISEA	SE OR TON	IDITION G	IVEN IN PART	1	
	1		ittor		JEMINI BOT		D TO THE VERM	THE DISEA	SE ON CO	10110110	TYEN BY LAKI	110	
¥ 19a	DATE OF OPER			ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	200 AU	OPSY?		ES, WERE FINE		
표								YES 🗀	NOX		TIFYING CAUSI YES	S OF DEA	
CERTIFICATION 1041	D. ACCIDENT WAS U	INDERLYING				21c. HOW I	VJURY OCCURR	ED (ENTER		URY IN ITEM IE	PART 1 OR PART 2		
0.0	R CONTRIBUTING	_	in .	M. MONTH DA									
\sim	IF EITHER, NOTIFY ME		P.: 21e. PLACE		19	21f LOCAT					-		
	WORK NOT	WHILE	(AT HOME, STR	REET, FACTORY, OFFICE, F.	ARM, ETC	STRE	1		CITY OR TO	OWN	COUNTY		STATE
_		VORK											/www\le
""		(I) (the bornite	al) ottended th	e deceased from	List	*	10	10	01501	4 601	10 79	that (I)	
	I certify that	ased alive an_	16 N		Kirt 17_ or	d that in (my	, 19	, to	of Ton		, 19 79	, that (I)	-
221	saw the dece above, (I) (we	ased alive an_		100 19			, 19) (cur) apinion d		7		aui and from th	e couses s	tated
228	I certify that	ased alive an_	16 N	100 19		nd that in (my	ATTENDING	MEDICA	red on the o	date and ho	aui and from th		tated
	saw the dece above, (I) (we)	osed alive an odd (did) (did) (did not	view the body	100 19		DEGREE D,	ATTENDING PHYSICIAN	MEDICA	red on the c	date and ho	aui and from th	e couses s	tated
	saw the dece above, (1) (we)	osed alive and (did) (did) (did not)	view the body	otter death.		DEGREE D, 220 ADDRE	ATTENDING PHYSICIAN SS	MEDICA DIRECTO	STAR PHYSI	late and ho	22c. DA	E SIGNED	tated
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TO HOSPITAL OR ATTENDING retained by the hospital or off TO FUNERAL DIRECTOR:

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P.A. Bethesda, Maryland

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STATE OF MARYLAND

		FOR STATE				MENT OF H	EALTH		ENTAPH		3 3	3 /	2		
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Ž		THER'S NAME FRST		D.		elson		E	er's MAIDE Bertha		MIDDLE		So	ner mer	
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HEALTH AND MENTAL HYGIENE, DIVISI. IL, CREMATION, OR REMOVAL.		Conditions, if gave rise to cause (a) statin lying couse los	any, which immediate ag the <u>under-t.</u>	DUE TO, OR	AS A CON	ISEQUENCE C	F				disease				
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	MEDICAL	21d INJURY OCCU WHILE NO AT WORK AT	RRED	21e PLACE C	OF INJURY TORY, FARM, E		3	CATION			CITY OR TOWN	(COUNTY		STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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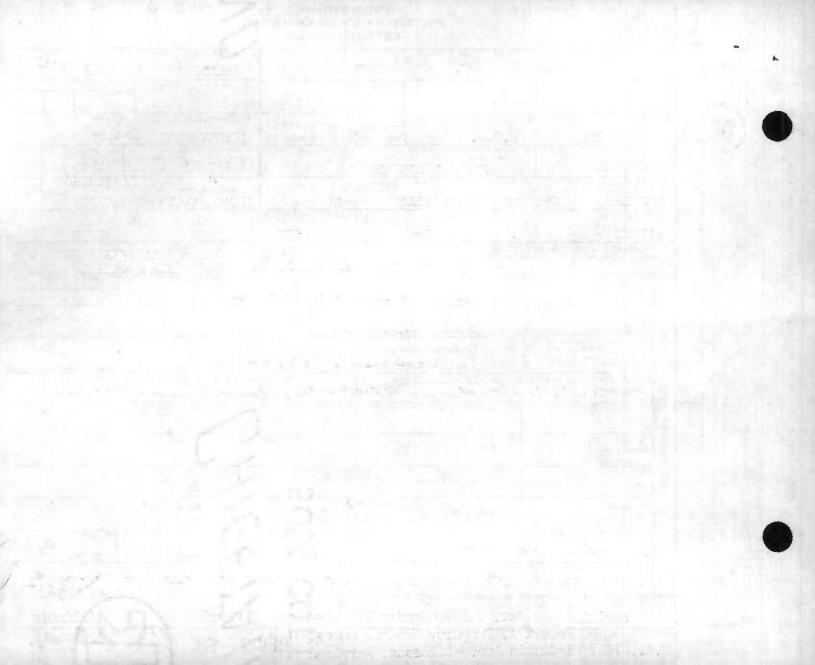
3	1.	FOR STATE REGISTRAR	DE	EPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE REG. NO.	3/23
(GA)		CEASED NAME FIRST			KNER	20. DATE OF DEATH M	25 1983 8 A M
W.	3. SE		1 RACE White	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTH	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
nerol din		RTHPLACE (STATE OR FOREIGN COUNTRY) Hungary	76. CITIZEN OF WHAT COU	MARRIED WIDOWE	NEVER MARRIED D	9. BALTIMORE CITY OR Mon tyon	
by the fur	10. C	Rocky He	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GP HELLEW	NURSING HOME O		120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
filled in fould be f	13a.	AL RESIDENCE (IF NURSING HO)	ME OR OTHER INSTITUTION GIVE RESIDEN OUNTY 13c. CITY C	ICE BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS (20852)	6111 MONTROSE -ROAD
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imone con on ond co		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YE	CONT. WAR ORD ATTER	NONE	NUVSING Id	me Chart ADDRES	S
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rattending physician. Wher this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove corbon-papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. orked or them 18 shows any injury, or other traumatic event, the medical (sapurper pursts be an executed by the content of the co	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A COI	NSEQUENCE OF	ous	ninal disease or cond	5 minites 5 years
VITAL RECONTROLL IN The low record hos been consist permit. Hygiene prior 18 shake any in the low record hygiene prior in the life shake any in the life shake and in the life shake any in the life shake and in the life shake any in the life shake and life shake any in the life shake an	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION		20a AUTOPSY? YES NO	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
IVISION OF VITAL GENTAL The outending physicion ter this certificate has the buriol-tronsif has the buriol-tronsif had mental Hygien rked or Hem 18 shape	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSER (#EITHER, NOTHY MEDICAL EXAMPLE) 210. INJURY OCCURRED WHILE WHILE AT WORK AT WORK	DEATH HOUR A.M. MON	19	211. LOCATION STREET	CITY OR TOW	
OR ATTEND he hospitol or DIRECTOR: A DIRECTOR: A DOPPL: of Heol		sow the deceased aliv	hospital) attended the deceased re on 12/2 state and not view the body after death	19 <u>23</u> , on	d that in (my) our apinion DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	ie and hour and from the causes stated 22c. DATE SIGNED 12-21-83
TO HOSPITAL retained by th TO FUNERAL should be detr with the State		226 PHYSICIAN SNAME (A 4 15		3929 FCr	rana Ar. W	Theaton, Md 20906
BP		BURIAL, CREMATION, REMO	23b. DATE 12-26-83	JUDEA		23d LOCATION CITY OF TOWN OLNEY	MD . COUNTY STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME 1170 NZANSKY-GOI	ROCKVILLE PK DBERG MEM CH	DORESS ROCK V	ILLE MD "DE	Cre2 8 1983	SV REGISTRAR'S SIGNATURE

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STATE OF MARYLAND



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	FOR 1 - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	120
1	I DECEMOED INVINE	IRST MIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
2 24	(TYPE OR PRINT) KRI	STEN JACQUELYN	LEFEGED	12-25	-83 10 m
	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
- GRAD	FEMALE	8	12 25 83	2 hours yrs.	1 47
20 24	7a. BIRTHPLACE (STATE OR FORE	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
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by the filled with	SILVER SPRING	HOLY CROSS	HOSPITAL	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINESS OR INDUSTRY
AND 212 AND 212 filled in nauld be i	USUAL RESIDENCE (IF NURSING	COUNTY 136. GHY OR TOWN	NIE YES NO NO	130 STREET ADDRESS	and Dr.
MARYLA within and 2 sh	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA PREST	CAROL	LEFE GED
IMORE,	160 WAS DECEASED EVER IN	U.S. ARMED FORCES? 166 SOCIAL SECU	Doreen Le	feged (mother	SAME AST 13 APPROXIMATE INTERVAL BETWEEN CONSET AND DEATH
RDS, 201 W. PRESTON ST., BAI equires that the death certificate in signed by the attending physic Then please remove carbon pape To burial, cremation, or removal, injury, or ather traumatic event, the	Conditions, if ony, we gove rise to immed couse (o), stoling underlying couse	DUE TO, OR AS A CONSEQUE	orespiratory NCE OF EME IMMAT	tarity MINAL DISEASE OR CONDITION GI	
L RECO	190 DATE OF OPERATIO	N . CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
DF VIII. I Jahr. I Jah	OR CONTRIBUTING CALL	SE OF DEATH HOUR A.M. MONTH DA	YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
VISIOI G PHY offending sthe bu	GENTRIBUTING CALL GIF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY	21f. LOCATION STREET	CITY OF TOWN	COUNTY STATE
T o P e e	sow the deceased	is hospital) attended the deceased from _ olive on19		, to, to	, 19, that (I) (we) lost our and from the couses stated
he he	22b. SIGNATURE	did not view the body ofter death.	DEGREE ATTENDING PHYSICIAN 1224 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	12-26-83
TO HOSPITAL or retained by the TO FUNERAL Eshould be detained by the State ElimphoRTANT, if	Assefa	Gebreselassie	Hopy Cros	· Hospital	
BP	230. BURIAL, CREMATION, REALISTER (SPECIFY) BURIA	MOVAL 236. DATE 12-31-83 4	INCOLD PARK COL	ne Kockville	Monta Md.
DHMH - 16 50M 4/B2 (VRA 15, 4)	George R	Snowden Rock	J. WASH, ST 1250. DA	TE REC'D. BY SECRET RARRY REGIS	TRANTS E CALLED

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6	1.	STATE REGISTRAR			FICATE OF DEATH	REG. NO.	
, p		CEASED NAME FIRST		DOLE	eiah	20. DATE OF DEATH MONTH	-83 2b. HOUR
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o mally	la B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY? 8.	D MEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
to of the	1/	Lativa	USA			Montgomery	MD.
	10 C	ITY OR TOWN OF DEATH		OSPITAL, NURSING HOME FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Py filed	Ro	ckville		gswood Nurs		Physical Ther	apist Medical
ARYLAND 2120 I within 24 hours nd 2 should be file	S	AL RESIDENCE (IF NURSING HOME STATE (13h CO) rginia Fai		give residence defore admission) 13c. CITY OR TOWN Alexandria	136 INSIDE CITY LIMITS?	6711 Wakefield	Drive 99999
SYLA SHE		ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA		LAST
completely I and 2 sh	1	Janis		Kazuss	Zzanna	Ja	unzems
oecuted compact of on dicoles, MA	7 160.		GIVE WAR OR DATES!	166. SOCIAL SECURITY NO.	17 INFORMANT		ll Wakefield Driv
BALTIMORE, rate be execu- rate be execu- rate be execu- rate by the medical			one 2	229-44-8748	Mr. George	Leigh, Husband	Alex., Va. 22307.
ficate ficate popers		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUS	only one couse per li	ine form), (b), and (c).)	1	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,			ATE CAUSE (0)	Kespira	tory on	rent	3 411
onding corb		2401	DUE TO, OR	AS A CONSEQUENCE OF	Λ	1 1	77 1.
PRESTON he deoth co emove carb matian, or r traumatic		Conditions, if any, which	(b)	Sain ac	mage all	to mypoxia	CIE MO
by the by the crem other t		couse (a), stating the underlying cause last.	DUE TO, OR	AS A CONSEQUENCE OF			8 1 1 1 1 1 1 1
s tho			(c)	TABLETO TO SEATURE	TAIGHT BELLIED TO THE TEN	AND A SIGN ACT OR COMPUTION O	NUTS IN I DADY I
bs. sign sign hen po bu	Z	PART 2 OTHER SIGNIFICAN	CONDITIONS COL	1 /1 -		ninal disease or condition g	IVEN IN PART 1(0)
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DIVISION OF VITAL NG PHYSICIAN: The other this certificate has on the burdel-trons it is not the burdel-trons it is orked or them 18 show	7 8	21a. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
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VIS offer the honor rked	E	WHILE NOT WHILE AT WORK	(AT HOME, SIRE)	ET, FACTORY, OFFICE, FARM, ETC.)			
A Or		22a.t certify that (1) this has			c 9 19 83	_, to Dec 16	, 19 3, that (I) we) lost
CTOS for of H		saw the deceased alive above (11) we) (did) did	not) view the body o	ofter death.	nd that in (my your) apinian	death occurred on the date and he	our and from the couses stated
OR hos		226. SIGNATURE	ROI	^	DEGREE	ALEDICAL STAFF	22c. DATE SIGNED
7 7 8 8 5 5 -	1	M	XX	1 Non	MD PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12-16-83
HOSPI FUNE ONTA	-	224 PHYSICIAM'S NAME (TYP	100	1	220 ADDRESS	ear Arra C iv	2 / 10 /
000000000000000000000000000000000000000		James 12		redr.		ces Ave Gait	ners buy me,
0019999	23a	BURIAL, CREMATION, REMOVI (SPECIFY)	COLUMN TO STATE OF THE STATE OF		CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN TY Washingto	COUNTY
/// BP	24.5	Burial UNERAL DIRECTOR	Dec.22	,1983 Rock (Creek Cemete	E REC'D. BY REGISTERS 256. REGIS	
DHMH - 16 50M 4/82 (VRA 15, 4)		W.CHAMBE	RSCO	8655 Ca. Ava	SS. Md. PER	D 2 1083	2 Calvel 4
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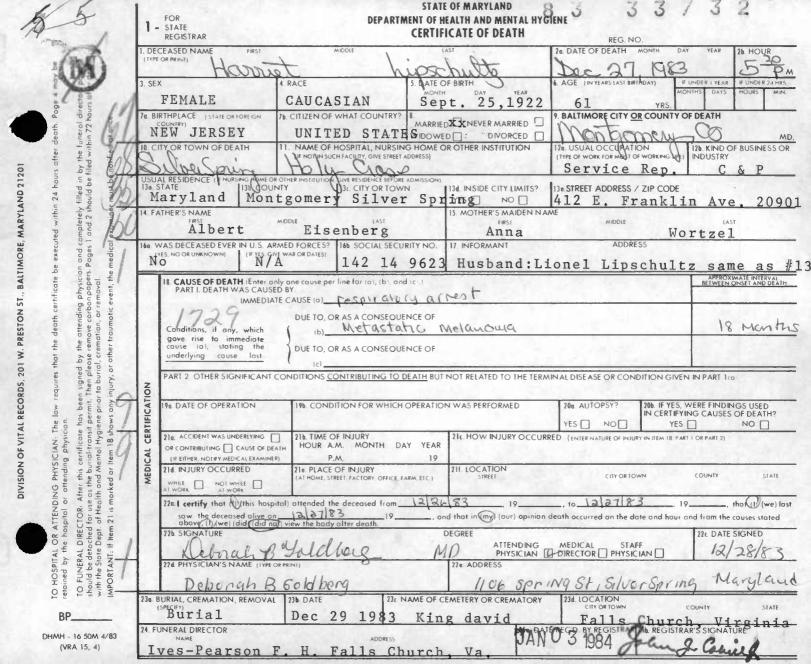
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6 00 0	3. SE		V	RACE	-	5. DATE C		6. AGE (IN YEARS LAST BIRTHE		UNDER 1 YEAR	IF UNDER 24 HRS
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	8	IVEY SOF	inc	HO V	CROS:	STREET ADDRESS)	PI tal	Office Chief	(Ret.		ovt.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 1120 INC. PHYSICIAN: The low requires that the death certificate be executed with the contending physician. When this certificate has been signed by the attending physician and complete this as the buriol-transit permit. Then please remove carbon papers. Pages 1 and should than Amental Hygiene prior to buriol, cremation, or removal. orked or flem 18 shows any injury, or other traumatic event, the medical even.	USUA I3a. S Ma	AL RESIDENCE (INNURS TATE TYland	131 COUN Mont	other institution ITY Gomery	136. CITY OR Bethe	TOWN Sda	34. INSIDE CITY LIMITS?	13% STREET ADDRESS 8200 Stone	Trail	Drive	811
1 1 2 7	14. FA	THER'S NAME		MIDDLE	LAS	,	15. MOTHER'S MAIDEN N.	AME		LAST	
MAN mpl		Philip		MIDDEE	Lindw	•	Ethel	WIDDE		(unkn	iown)
RE,	16a V	VAS DECEASED EVER		MED FORCES?		SECURITY NO.	17 INFORMANT	ADDRES	Bethes	da, Md	
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S, 20	_	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	TION GIVE	V IN PART 110	3
ORD requestration of the control of	10	VIAB	EIF	5 1	ARIT.	ERLOSCI	LY- ROTIC	GEART DIS	GAS	<u> </u>	
VITAL RECOR	CERTIFICATION	19a. DATE OF OPERAT	TION	196 CÓND	ITION FOR W	HICH OPERATIO		YES NO	IN CERTIFY YES	WERE FINDIN	OF DEATH?
OF VIT. 3 physici 3 physici al-transi ntol Hyg		OR CONTRIBUTING	_	TH HOUR A	OF INJURY	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PAR	T I ORPART 2)	
N OF SICIA ng ph certific cert	MEDICAL	(IF EITHER, NOTIFY MEDI	CALEXAMINER) P	.M.	19	AN LOCATION				
UC PHY offendi ter this ss the bu	WED	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WO			OF INJURY REET, FACTORY, O	FFICE, FARM, ETC)	211 LOCATION STREET	CITY OF TOWN		COUNTY	STATE
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Sprite CTO CTO d for a 21		saw the decepse above, (1) (was (c	ed alive on, did) (did no	Decay	dier death.			n death occurred on the date	ond hour o		
the house the house the house the Deep te Deep		22b. SIGNATURE		/lep	er /u	1).	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	N []	12. DATE S	13 A3
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25 5213	23a I	SURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE
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DHMH - 16 50M 4/82	24 F	JNERAL DIRECTOR				kville,		ATE REC'D. BY REGISTRAR 25	b. REGISTRA	AR'S SIGNATI	JRE
(VRA 15, 4)	Da	inzansky-Go	oldber	cg Chape	els; Il	170 Rock	ville Piken	1 9 1983 John	u. S.	Capiel	a i

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		CEASED NAME FIRST		MIDDLE	LA	ST		MONTH DA	AY YEAR	2b. HOUR
noy be poge 3	(TYPI	MARTI	N	S.	LITT	MAN	December	45	1983	345Am
poog er de	3. SE	X	4. RACE		5. DATE OF		6. AGE (IN YEARS LAST BIR		F UNDER I YEAR	IF UNDER 24 HRS
ge 4 mo		Male	Wh	ite	June	2 15, 1908	75	YRS.	ONTHS DAYS	HOURS MIN.
Po dir		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	₩ NEVER MARRIED □	9. BALTIMORE CITY C		OF DEATH	
leoth. P		New Jersey	US	SA	WIDOWED		Mon	tgome	ry	MD.
offer of with dwith	10_C	ilver Spring	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET Reedie	ADDRESS)	OTHER INSTITUTION	12e USUAL OCCUPAT (TYPE OF WORK FOR MOST (Manager (OF WORKING LIFET	INDUSTRY	or Stor
Per Ben Bon Bon Bon Bon Bon Bon Bon Bon Bon Bo	USU	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		13e STREET ADDRESS		109	02
filled in could be f			tgomery		pg.	YEXXX NO	1812 R	eedie	Driv	e
ryland tely 2 sh		ATHER'S NAME	MIDDLE			15 MOTHER'S MAIDEN NAM	ME MIDDLE		LAS	
MAM by ond		David	WIDDLE	Littm	an	Rose	WIDDLE		Dine	
d co	160 \	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	1	17 INFORMANT	ADDRI			
IMORE e exect Pages	1	YES, NO OR UNKNOWN) (IF YES, G		578-20	-452	Eva Littma	n; 1812 R	eedie	Dr.,	SSpg, M
BALT cate b cate cate b cate cate cate cate cate cate cate cate		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per	line far (a), (b), an	d (c).)				BETWEEN	MATE INTERVAL
phy phy most			ATE CAUSE (0)	archomo	alth	e prostate w	ith Metast	ases	2	years
ding brbo or re		1250		R AS A CONSEQUE	()					0
death		Conditions, if ony, which	(b)_							
on W. PRI that the card by the card lease removed in ol, crement or other from		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQU	ENCE OF					
quires the grand signed hen ple to burion niury, or niur	NO.	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	2
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours for other ding physician. After this certificate has been signed by the attending physician and completely filled in by as the burnol-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled in hord Mental Hygiene prior to buriol, cremation, or removal. acked or frem 18 shows ony injury, or ather troumotic event, the medical exeminer must be accorded from the medical exeminer must be accorded.	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
DN OF VITAL IYSICIAN: The ding physicion is certificate h buriol-tronsit, Mental Hygies r flem 18 shb		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	LAIN	M. MONTH D		214 HOW INJURY OCCUR			_	
HYSICIA ading ph his certifi buriol-ti d Mentol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	P. PLACE	M. OF INJURY	19	21f LOCATION				
DIVISION DING PH or other this is as the tool thought and is	ME	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE P		STREET	CITY OF TO	WN	COUNTY	STATE
NO N		saw the deceased alive o abave, (I) (we) (did) (did r	n December of view the bady	e deceased fram_ 19_19_19_19_19_19_19_19_19_19_19_19_19_1	33 , and	that in (my) (aur) apinion	, to	ate and hour	9_83_, and Iram the	that (I) (we) lost causes stated
OR ATTE he hospite DIRECTO ached for Dept. of I		27 SIGNATURE	T 0-		C	EGREE	1		22c. DATE	
		assall of	mate	mo		ATTENDING PHYSICIAN	MEDICAL STA		12-	24-1983
O HOSPITAL claimed by to FUNERAL she lift be de with the State	1	226 PHYSICIAN'S NAME (THE				22e. ADDRESS				Land Control
0 5 5 8 8		ISRAEL	SPECTOR	, M.D.	العينا	12001 Ferr	ara Ave.,	Whea	ton, 1	Md.
5 5 5 8 8 -		BURIAL, CREMATION, REMOVA		230	NAME OF CE	METERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
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(VRA 15, 4)	Da	nzansky-Goldber	rg Chape	ls: 1170	Rocky	ille Pike DEC	281983	- min	A 00-00	-75

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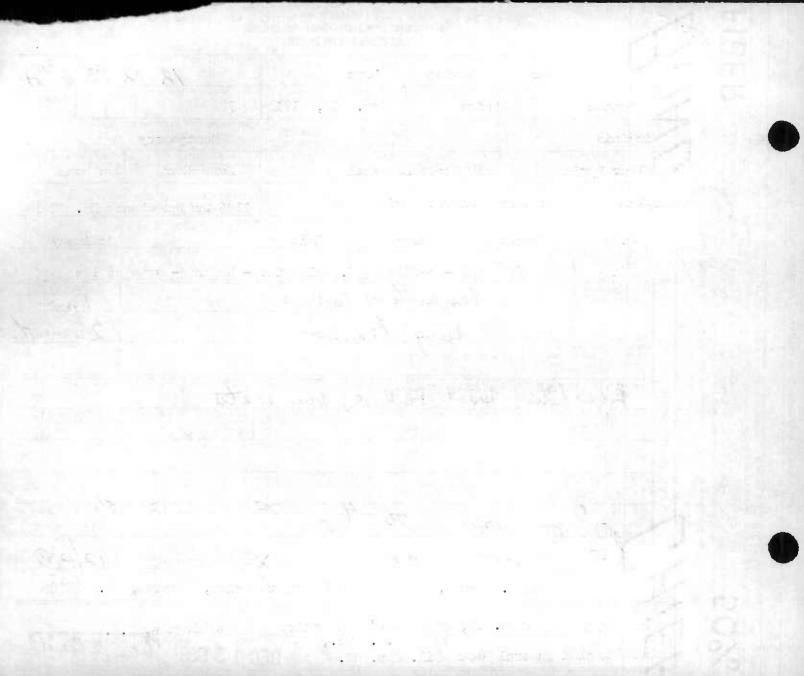
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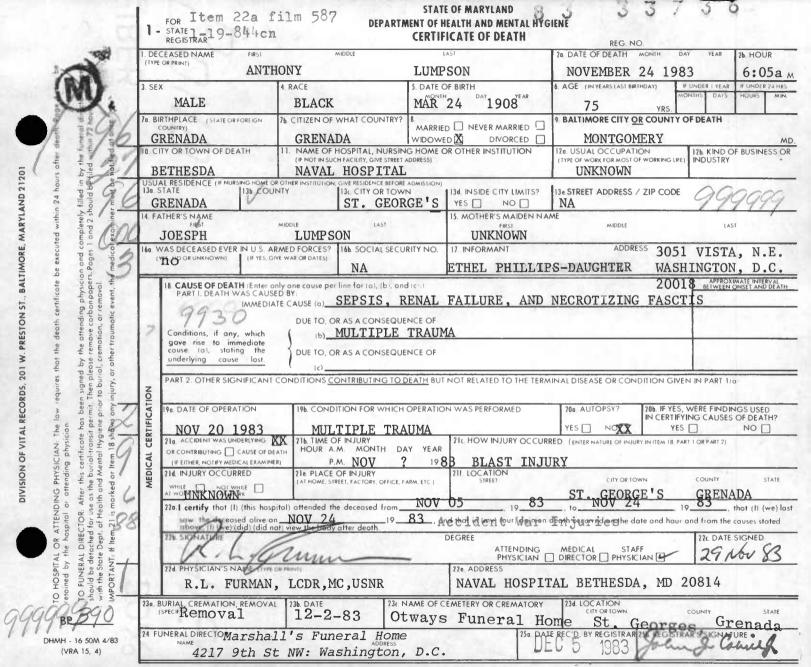
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

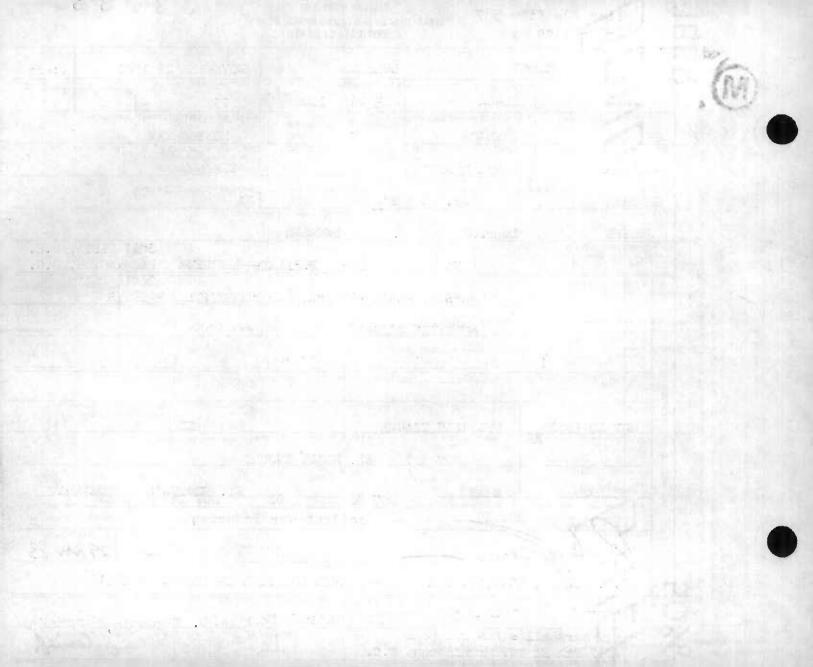
1	REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO	3	37.	3.	5
	CE ASED NAME OR PRINT)	Mary		Louise	Lo	ove		20 DATE O	F DEATH	MONTH /	2 83	6 H	OUR 25 AM
3. SE	female	4.	RACE Whi	te	5 DATE C		Ĭ913	6. AGE (8N)	YEARS LAST BIRT	HDAY) YRS.	MONTHS DAY		DER 24 HRS.
	RTHPLACE (STATE OR TUNNERS)		USA	WHAT COUNTRY?	WIDOWE		ORCED _		Montgo		Y OF DEATH		MD.
S	ilver Spr	ing	Hol	HOSPITAL, NURSING PACKETS OF CTOSS	Hospit		ITUTION		OCCUPATION NO STOR				INESS OR
Mar	AL RESIDENCE (IF NUR STATE Yland	Montgo	mery	GIVE RESIDENCE BEFORE 13. CITY OR TOW SILVER S	pring	13d. INSIDE CI YES 🏝	NO 🗌	1106	ADDRESS / Brigg		e aney Ro	1.	20904
	John VAS DECEASED EVER	The	ornton	Patte		15. MOTHER'S LO	ola	ME	ADDRE:	ee	McK:	Lmme	У
	YES, NO OR UNKNOWN) N/A	I (FYES, GIVE	WAR OR DATES)	579-24-5	Same in		lph Lov	re- hus					
NO	18. CAUSE OF DEAT PART I. DEATH W Conditions, if ony gove rise to im couse (o), stoth underlying couse PART 2 DTHER SIG	IMMEDIATE , which mediate ng the elost.	BY: CAUSE (0) DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUI	ENCE OF	fail neat	TO THE TERM	INAL DISPAS		DITION GI	2	2 n	niervai and death oranths
CERTIFICATION	190 DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTO		IN CERTI	S, WERE FINE FYING CAUS	S OF D	
MEDICAL	220. I certify that [] see [] (22b. SIG-MILE) [] (2	CAUSE OF DEATH ICAL EXAMINER) PRED OTHER O	P. PLACE (AT HOME STILL) of tended the body of B. Sh	M. MONTH D M. OF INJURY REEL FACTORY OFFICE, F De deceosed from Office decith. 19 Decer, MD	FARM, ETC }	21f. LOCATION STREET And that in the property of the property	(our) opinion of	MEDICAL DIRECTOR	CITY OR TOV	VIN ITEM 18	COUNTY 19 22c. DA	., th.(f)	STATE (we) last a stated
23a. E	BURIAL, CREMATION, (SPECIFY) Cremation	, REMOVAL	Dec. 1	.5, 1983	Lee!	emetery or co			ATION FOR TOWN Shingt	ton_	COUNTY		STATE
	uneral director ines/Rinal	di Fun	eral Ho	ome Sil.	N.H. Spr.	Ave., Md.	250. DAT	E REC'D. BY			TRAR'S SIEN.	RE	up

DHMH - 16 50M 4/83 (VRA 15, 4)

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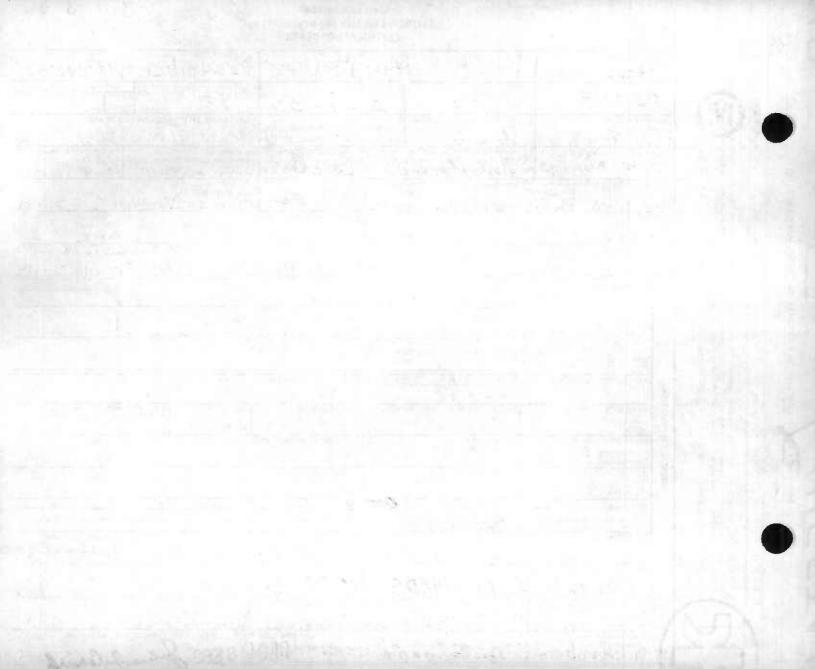


1	FOR - STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE 8 3	3 3 / 3 /
L	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	ONTH DAY YEAR 26 HOUR
L	THOMA	75 C.	MACKIE, Sr.		2 15 83 32 A
1.5	EX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS ME
-	M	CAUC.	11 13 30	53	YRS.
7a. I	COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	
	N.J.	US	WIDOWED DIVORCED	MONTE	
AL.	CITY OR TOWN OF DEATH	I IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	ORKING LIFE) INDUSTRY
W	TKOMA PARKA	WASHINGT		LAUDITO	R U.S. Army
Z 134	JAL RESIDENCE (IF NURSING HOME OR STATE INDUCOUS	OTHER INSTITUTION, GIVE RESIDENCE BEFORM 13c. CITY OR TO	WN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	20715
1	mD.	3. BOWL	YESXIX NO [ANLER LANE
A		MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
		swell Mackie		Catherine	Sparrow
160	WAS DECEASED EVER IN U.S. AR	E WAR OR DATES!		ADDRESS	625 Chanler Lane Bowie, MD 2071
1	YES 1954-	1970 158 20	5031 Mrs. Elizabe	th B. Mackie	Bowie, MD 2071
1 3	18. CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b), o	and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	IMMEDIAT	TE CAUSE 10) MYOCH	MEDIAZ INFA	RCTION	16 DA45
	14100	DUE TO, OR AS A CONSEO	UENCE OF		
	Canditians, if any, which gove rise to immediate	(16) CORON	mi ARTERY	DITENTE	
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEO	UENCE OF		
		(c)			
z	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	TION GIVEN IN PART Hat
CERTIFICATION	90. DATE OF OPERATION	LIST CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20g. AUTOPSY?	Ob. IF YES, WERE FINDINGS USED
5	M. DATE OF OPERATION	170. CONDITION FOR WITH	TO PERATION WAS PERFORMED		N CERTIFYING CAUSES OF DEATH?
- 5	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	171/ HOW IN IURY OCCUR	RED (ENTER NATURE OF INJURY)	YES NO.
200	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH		(ENTER NATURE OF INJORT	NITEM 18 PART ORPART 2)
	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJURY	19 2H. LOCATION		
MEDIC	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
			1500 10 10 83	n DEC I	5 10 8 3 that 11 (was)
1	saw the deceased alive an	tal) attended the deceased from	83, and that in (my) (bac) aprinian		, indi ili (2-da)
9	abave, (I) (we) (did) (did no: 22b. SIGNATURE	t) view the body after death.	DEGREE	a de la contraction de la cont	224. DATE SIGNED
	220. SIGNATURE	1 Ran		MEDICAL STAFF	
+	224 OLAST IANI'S NAME (THE	IN PRINCES		DIRECTOR PHYSICIA	N 12-12 12
	1				2
					re Rockville, MD
23e.	BURIAL, CREMATION, REMOVAL (SPECIFY)			CITY OF TOWN	COUNTY STATE
_	Burial,	112-19-83 Re	estland Memorial Pa		New Jersey
<i>t</i>	24.	JAMES 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial, 24. FUNERAL INTEGRATOR	230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. Burial, 12-19-83 Rev. 12-19-83 Rev. 14 FUNERAL DREGORD AND ADDRESS OF 15 FOR THE PROPERTY OF T	230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial, 12-19-83 Restland Memorial Pa 24. FUNERAL DREGOR 125 BOOM Annapolis Road 25 July 125 BOOM ANNAPOLIS ROAD	JAMES A. RONAN 9715 Medical Center Driv 230. BURIAL, CREMATION, REMOVAL 230. DATE 230. NAME OF CEMETERY OR CREMATORY 230. LOCATION CITY OF TOWN Burial, 12-19-83 Restland Memorial Park Hanover, 24. FUNERAL DIRECTOR 16000 Annapolis Road 25p. PARKETO BY REGISTRAN 25

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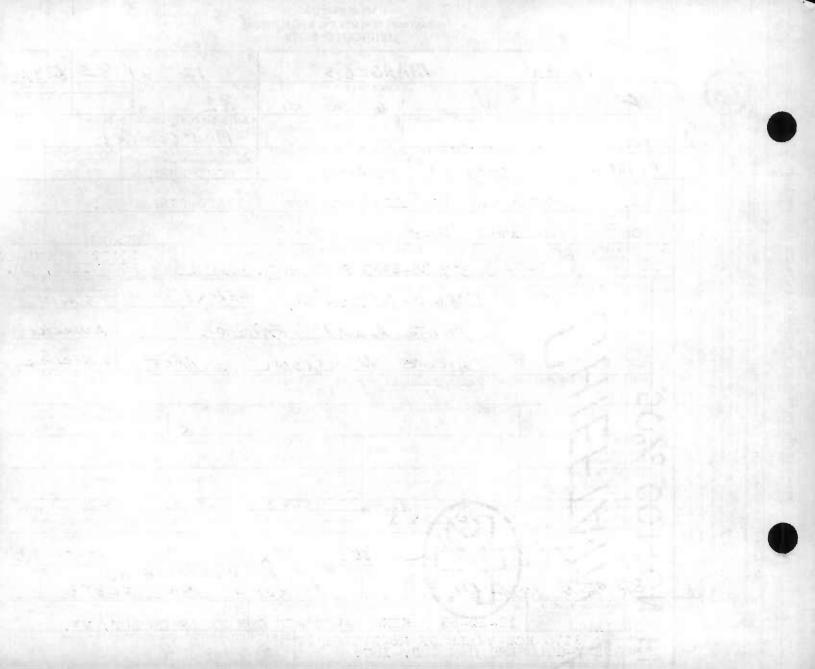
, ·	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	REG. NO.	3 3 7	3 8
1 31			FIRST ARY		THEL		DIGAN	2a DATE OF D	EATH MON		7 32/PM
MA	1. SE)	FEMALE	4.1	RACE W	hite	5. DATE C		6. AGE (IN YEA	RS LAST BIRTHDAY	IF UNDER TYEAR MONTHS DAYS YRS.	IF UNDER 24 HRS HOURS MIN.
death Po	ω	ASHINGTON, D	.c	U.S.A	WHAT COUNTRY?	WIDOWE		9 BALTIMORI	LI OR CO	DUNTY OF DEATH	MD.
100	10. CI	ITY OR TOWN OF DEATH	10		CHEACHTY GIVE STREET		OR OTHER INSTITUTION	HOMEMA		INDUSTRY	HOME
A Sa ha	MA	RYLAND	PR. G	E0.	BELTSVI	/N	13 MNSIDE CITY LIMITS? YES NO NO NOTHER'S MAIDEN N		MONTGO	MERY ROAD	20705
and and a	P	HTLLTP VAS DECEASED EVER IN	H.		WEBER 16b. SOCIAL SECT	IBITY NO	ELEANOR 17 INFORMANT		ADDRESS	CRONIN	17
The same			(IF YES, GIVE W		577-07-		WILLIAM F. A	MADIGAN 1		BEHTSYMEKE'	RD.20705
centificate to physic box pope temoval c event, th		PART I. DEATH WAS		BY:	r line for (a), (b), ai	id (cy)	anei	0		DETWEEN	MATE INTERVAL ONSET AND DEATH
by the ottending to other traumation.	100	Conditions, if any, a gove rise to imme cause (0), stating underlying cause	diate	(b)_	or as a consequ or as a consequ			In the			
requires to the plant to the barre	TION	Chrmi	e M	alnu	trilian	Ma	NOT RELATED TO THE TEL	in	Di	alels	
The low	CERTIFICAL	19a DATE OF OPERATION	Bar			OPERATIO	N WAS PERFORMED *		NO X IN	b. IF YES, WERE FINDIN CERTIFYING CAUSES YES	OF DEATH?
SECIAN rig physic certificat certificat mental trans	MEDICAL CE	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICA	USE OF DEATH LEXAMINER)	Р	.M. MONTH D	AY YEAR	21¢ HOW INJURY OCCU	JRRED (ENTERNATU	RE OF INJURY IN I	ITEM 18 PART 1 OR PART 2)	
the physical	MED	21d INJURY OCCURRE WHILE NOT WHILE AT WORK		(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
at OR ATTEND the hospital of at Directors. A		22a. I certify that (I) (t saw the deceased above, (I) (we) (**) 22b. SIGNATURE					nd that in (my) (aur) apinic DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR		22c. DATE	
O HOSPITAL Figured by 1 TO FUNERAL MANUEL be des in the Store		GILBOY	T B	-	chnor,	his	22e. ADDRESS	ren Ha	mps	Live Ave	.55 h
BP	1	BURIAL, CREMATION, RE BURIAL		23b. DATE 12/27	/83 F	T. LI	EMETERY OR CREMATOR	RY BRENT	VOOD	PR. GEO.	
DHMH - 16 50M 4/83 (VRA 15, 4)	24. FU	O LINTUFD STT	RANCI.	S J. C	OLLINS	חמים וויס	MD 2090 250	EC 28 1	GISTRAR 251	REGISTRAR'S SIGNAL	LIRE -



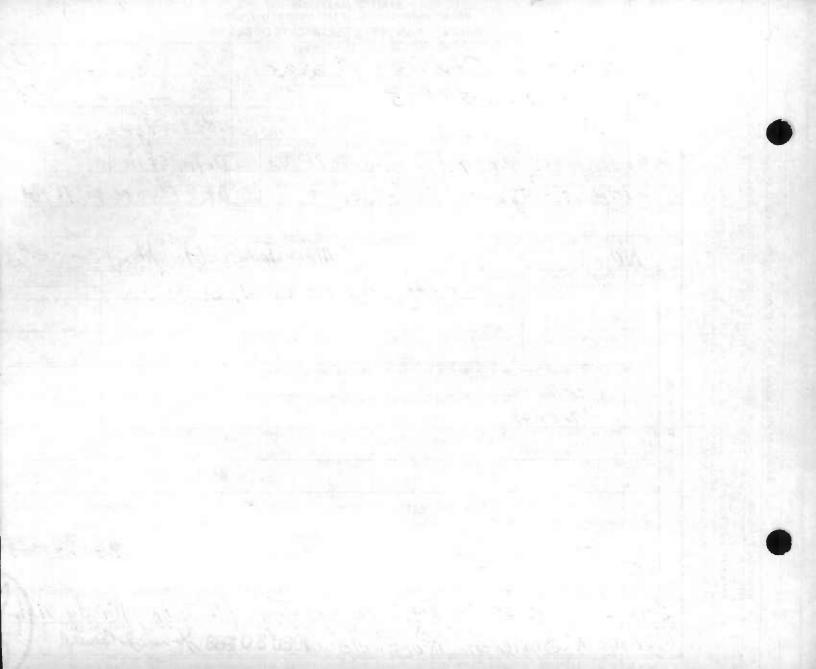


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	- 14		EASED NAME	FIRST	M	IDDLE		AST		20. DATE OF D		H DAY Y	AR 2b.	HOUR
	o'y b			MAN	2.65	10	1ARG			6. AGE LINYEAR	2	IF UNDER	<u> </u>	W SAM
	9 6 4 B	3. SEX	F		RACE		5. DATE C		YEAR	82				DURS MIN.
	oth. Pos	C	THPLACE STATE OF F	OREIGN 7	b. CITIZEN OF V	VHAT COUNTR	MARRIE WIDOWE	D NEVER	MARRIED		CITY OR CO	UNTY OF DEA	TH	440
	er de		POLAND IY OR TOWN OF DEA	ATH 1	1. NAME OF H	OSPITAL, NUR	SING HOME			12a. USUAL OC	CUPATION	12b. K		JSINESS OR
201	s of	P	ETHESDA		SUBI	1 1 5 40 1	HOS	PITAL	146	HOMI	EMAKER		HOM	E
AND 213	filled in hould be	13a S	MD.	136 COUNT		GIVE RESIDENCE BEI 13¢, CITY OR TO ROCK		13d. INSIDE C	NO []		DRESS STRA	AND DR	202	50%
MARYL	mpletely ond 2 s		THER'S NAME DON		DECHAI	ADA	M		S MAIDEN NA TA		MIDDLE	UNKNOV	LAST TINT	
BALTIMORE, MARYLAND 2120	n and co	160 W	AS DECEASED EVER ES. NO OR UNKNOWN)	IN U.S. ARM	NED FORCES? WAR OR DATES) NE	577-31	6-4809	17. INFORMA SOLO		MARGO	ADDRESS		2 AR	ROYO DI
201 W. PRESTON ST.,	quires that the death certification signed by the attending physis hen please remove carbon pape to burial, cremation, ar removaliury, ar other traumatic event, it	ION	18. CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gove rise to im- couse (o), stotir underlying couse PART 2 OTHER SIGN	, which mediate ig the last	DUE TO, OR (b) DUE TO, OR (c)	ACCUT ACCUT AS A CONSEC ACCUT	DUENCE OF	MYOCA,	10140	ARRES	FARCT DR CONDITIO	2	5 m we	else else
DIVISION OF VITAL RECORDS,	on. hos been prior ene prior	FICAT	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFO	DRMED	200 AUTOP		IF YES, WERE F CERTIFYING CA YES	USES OF	
OF VITA	SICIAN: TI ng physicia certificate ritiol-fronsit ental Hygin frem 18 sk	AL CERT	216. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEAT	HOUR A.A	M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATU	RE OF INJURY IN IT	EM 18 PART 1 OR PA	RT 2)	
VISION	IG PHYSICIA offending plant this certificate the burials ond Mental red or them	MEDICAL	21d INJURY OCCUR	RED	21s. PLACE C			211 LOCATION STREET	ON		CITY OR TOWN	COUR	TY	STATE
	TTENDIN outol or TOR: Af for use a of Health	14	220.1 certify that (1) saw the decease above, (1) (we) (ed alive an_	12-1	2019	and the same	nd that in (my)	. 19 8) (aur) apinion	death accurred	2 - 2 on the date or	nd hour and fro		(I) (we) lost
	L OR ATTEN the hospital L DIRECTOR trached for u e Dept. of H		226. SIGNATURE	\prec	11 2/0	O /		DEGREE	ATTENDING PHYSICIAN	MEDICAL	STAFF	_ /	DATE SIG	NED / - S Z
	FO HOSPITAL etoined by the TO FUNERAL should be determined by the State lawfor training train	1	22d. PHYSICIAN'S NA	AME (TYPE OR		wM	D	220. ADDRES		MOK	PHYSICIAN I	E Rd		**
	TO TO Show	23a B	URIAL, CREMATION,	REMOVAL	23b. DATE		3t. NAME OF C	EMETERY OF	CREMATORY	123d LOCATI	ON CL	208	5 (_	
	BP	(SPECIFY)		12-22					GDN FAI	TOWN	HURCH.	VA.	STATE
	DHMH - 16 50M 4/82	24 FL	BURTAL INERAL DIRECTOR 1	170 F	CKVI		ROCK	VILLE	MT 250. DAT	E REC'D. BY REC	SISTRAR 25b. R	EGISTRAR'S SI		
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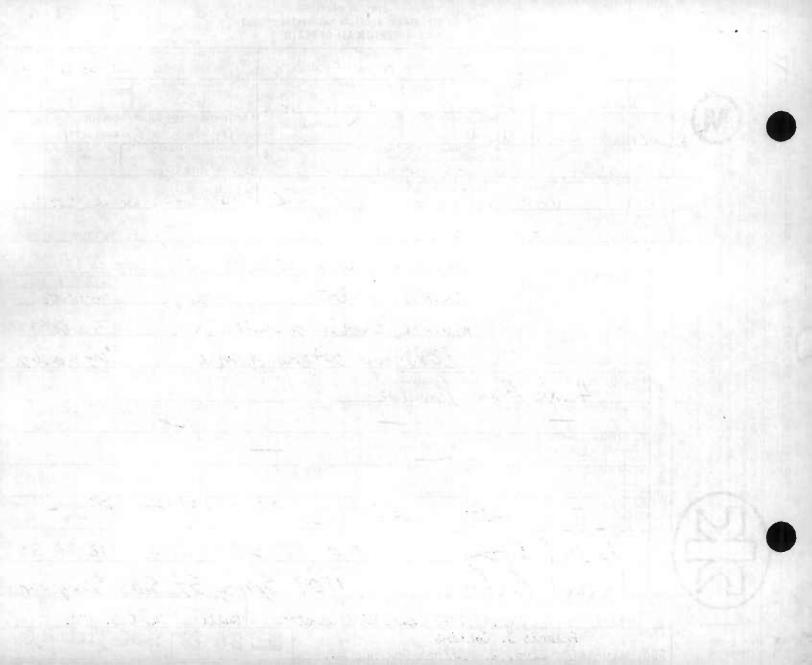
	1.	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIERE 3 3 7 4 2
6	11-	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
7		ECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN D MONTH DAY YEAR 20. HOUR OF ESTI-
NY DELAY IS NECESSARY, PLEASE D 3 TO THE FUNERAL DIRECTOR. TAIN PAGE 5 FOR YOUR FILES. JUD BE FILED-WITHIN 72 HOURS CORDS, 201 WE PRESTON STREET,	3. SE	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED
SSARY VALDIE R YOU FITON	70 1	BIRTHPLACE (STATE OR OPENS OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
NEGE FUNE 5 FOR	1	11/9. U.S.A. WIDOWED BO DIVORCED Montgomery MD.
ELAY IS TO THE PAGE S. 201	4	Kenvin to a Koon Pyrus Mill Rd Domestic OR INDUSTRY
A P P P P P P P P P P P P P P P P P P P		AL RESIDENCE (IF IN MASING HOME OR OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSION) STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS 136. STREET ADDRESS 137. STREET ADDRESS 138. STREET ADDRESS 138. STREET ADDRESS
ORE, MD.	11.1	ATHER'S NAME FIRST MIDDLE LAST TS. MOTHER'S MAIDEN NAME MIDDLE LAST
., BALTIMORE, M JRS AFTER DEATH W. IF FORM DIVISION OF WE	160	WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 166 SOCIAL SECURITY NO. 17. INFORMANT AIMA JOHNSON (daughter) SAME AS #3
W. PRESTON ST., WITHIN 24 HOUS INCLL IN ITEM 18, INCLL IN IN ITEM 18, IN I		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (b) DUE TO, OR AS A CONSEQUENCE OF Lying couse (o) storing the under- Lying couse lost.
RECORDS, 201 V LD BE EXECUTED PENDING" IN PR MA EDICAL EX AN D AS B URIAL FEALTH AND MEI CREMATION, C	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10
F VITAL REI FE SHOULD WORD "PER ME CHIEF ME BE USED A BUNDF HEA	IFICATI	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES \(\subseteq \text{NO DE} \)
DIVISION OF VITAL REG INNER: THIS CERTIFICATE SHOULD F FICATE, WRITING THE WORD "PER F FORWARDED TO THE CHIEF MI TOR: PAGE 3 SHOULD BE USED A 1THE STATE DEPARTMENT OF HEA I AND, 21201 PRIOR TO BURDAL, CI	MEDICAL CERTIFICATION	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
DIVISIO HIS CERTIF WRITING ARDED TO AGE 3 SHO ATE DEPA	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
EXAM CERTII ULD B ULD B WITH		220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner TITLE (SPEC IFY) M.D MEDICAL EXAMINER DATE 249.19.73
MEDIC CUTE: 74 S FUNE POPE		AMINER'S NAME (TYPE OR PRINT)ADDRESS
Bb———	,	OUR, a 1 12-29-83 Mt. Lyon Cemetery 136 LOCATION Monty of Chieflery of Chieflery 1236 LOCATION Worth The Stand
DHMH - 17 (VR A15 ME (5)) 20M 4/82	24	poperal director P. Snowden 46 Colone DEC 30 1983



H		FOR STATE REGISTRAR				EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.		
g rg 35	1. DE	CEASED NAME ED	WARD	Leroy	Mc	ALEER	20 DATE OF DEATH MON	2 10 83	26 HOUR 4 30 A
ge 4 may	3. SE.	ale	4 RACE White		S DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HR HOURS MIN
desth. Pa	C	RTHPLACE (STATE OR FOREIGN DUNTRY) LSTRICT OF CO		WHAT COUNTRY?	8. MARRIE WIDOWE	NEVER MARRIED	BALTIMORE CITY OR CO		,
by the line of with the man		TY OR TOWN OF DEATH	II. NAME O	F HOSPITAL, NURSIN	NG HOME C	PROTHER INSTITUTION	120 USUAL OCCUPATION CHAIRMAN OF	Sould Savin	
filled in the must		TATE 13L	iomeorotherinstitutio COUNTY nnearunde]	ON, GIVE RESIDENCE BEFOR	/N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 222 Riversi		2103
mpletely and 2	14 FA	THER'S NAME FRST Edward	WIDDLE	McAleer		IS MOTHER'S MAIDEN NAME FIRST Margaret		Manifiel	
n and cor Pages 1 a	16a V	VAS DECEASED EVER IN U	S. ARMED FORCES	578-03-3		17 INFORMANT	ADDRESS 148 Monroe St	t.,Rockvill	e,Md.
ires that the death ce ed by the attending rease remove carbon rital, cremation, or re irry, or other traumat		Conditions, if any, wh gove rise to immedia cause (a), stating underlying cause la	ich (b) ote the ost (c)	OR AS A CONSEOU	ENCE OF		700000		yrs
The law require has been sign termit. Then plane prior to but shows any injit.	CERTIFICATION	PART 2 OTHER SIGNIFIC	e and	rnia		Parketies N WAS PERFORMED	200 AUTOPSY? 201	LIF YES, WERE FINDIN CERTIFYING CAUSES	GS USED
HYSICIAN: physician. is certificat ial-transit p lental Hygie or Item 184		210 ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR	OF INJURY A.M. MONTH D P.M	AY YEAR	21¢ HOW INJURY OCCURR	YES NO W	YES TEM 18, PART I OR PART 2]	но []
After this the buris the buris h and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ALCA ATTENI the hospital or at ALDIRECTOR: trached for use as trached for use as	3526	270.1 certify that (I) (this saw the deceased of above, (I) (400 (did) to 1715 (100 NATURE		1-29 198		nd that in (my) opinion of DEGREE		22c. DATES	
TO HOSPITAL retained by the last of the la		G. Sengs	A 11/2 (17 A 17			220 ADDRESS	ia Blvd.,Silv		
BP	23a (SURIAL, CREMATION, REM	236. DATE 12-13			emetery or crematory Creek	23d LOCATION CITY OR TOWN	county	STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR Gaw	ler's Son	s ADDRESS 5.	130 Wi	Creek S.Ave.N.W 250. DATE D.C. DEC	1 5 1083	REGISTRAR'S SIGNATU	JRE

.s. 2. U aldering to Jelijalu deliver of court cavilges a loan 210.7 Innon-uncol SSS X results Continued for our like ien | W.W. 1 | New No. 1 | Int. | Control St., Wookville, Md. .EV. mnlog revi . byla pidowiol iret MANUFACTOR ... Start Start Ed-13-53 Rack Press notaninan Joseph Gawler's Jone 130 Manager 1.

	1 -	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL	HYGIENE REG. NO.	3 3 /	4 4
2 21		CEASED NAME FIRST OR PRINT)	MIDDLE J.	H C	tuliffe	20. DATE OF DEATH MONTH	20 83	26. HQUR
9e 4 mos	3. SE	Male	Caucasian	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
deoth. Pos		RTHPLACE (STATE OR FOREIGN COUNTRY) ASHINGTON DC	76. CITIZEN OF WHAT COUNT	MARRIE	D DIVORCED	1 Montgome		ty MD.
by the t	10. C	WY Spring		Spital	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK D.C. POLICE DEP-	(ING LIFE) INDUSTR	OF BUSINESS OR
n 24 hou	13o. S	nd. Ind.	OR OTHER INSTITUTION GIVE RESIDENCE BE UNITY 136. CITY OR T ON TOOMUS 51 S		13d INSIDE CITY LIMIT	323 Branch	n Brive	20901
amplete)		TAMES Tames	Jahn McAul	-	15. MOTHER'S MAIDER FIRST Nellie	. WIDDLE	Flanaga	LAST LN
on and c		2	GIVE WAR OR DATES) 578 05	7131	Louise McA	Auliffe Wife	Same as	
h certificate b ding physicio orbanpopers. or removal.			only one couse per line for (a), (b) SED BY: IATE CAUSE (a) Clard	iac a	relst			OXIMATE INTERVAL N ONSET AND DEATH
he death ce he attendin emove corb mation, or r troumatic		Conditions, if any, which gove rise to immediate couse (o), stoting the	DUE TO, OR AS A CONSE	ple Ca	udiai ar	rythmias	3,	veels5
ires that the ganed by the please of burial, cre		underlying cause last.	(c) CONTRIBUTING	rongry	not related to the	TERMINAL DISEASE OR CONDITION	N GIVEN IN PART	Stander
ow requi	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ARCH OPERATIO	N WAS PERFORMED		IF YES, WERE FIND CERTIFYING CAUSE YES	
HYSICIAN: The Iding physicion. Is certificate hos bourial-transit pe Mental Hygiene or frem 18 shows	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY O	CCURRED (ENTER NATURE OF INJURY IN IT		
ING PHYSICIAN: r offending physic After this certificat os the buriot-tran lith and Mental Hyg orked or frem 8 s	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENDI spital or CTOR: A I for use I for use		sow the deceased alive of abave, (1) (we) (did) (did)	spitol) ottended the deceosed from 12/20 1	9 83.0		inion death occurred on the date an	d hour and from the	he causes stated
0 4 0 70 =		226. SIGNATURE PHAN	Ket		DEGREE ATTENDIT PHYSICIA	NG MEDICAL STAFF AN DIRECTOR PHYSICIAN [112-	TE SIGNED - 20 - 83
TO HOSPITAL (cetoined by the TO FUNERAL Eshould be detoon with the Store English the		22d PHYSICIAN'S NAME (TYPE	Kretynn		22. ADDRESS 1109	Spring St S	ilve Spr	my 20910
BP		BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	Dec. 23.1983	Cedar H	EMETERY OR CREMATO	y Suitland Pr		ld.
DHMH - 16 50M 4/82 (VRA 15, 4)			ris J. Collinsodre Blvd. W. Silver		2. Md.	LEC 2 8 POS 25 R	EGISTRAR'S SIGN	ATURE



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Mar. Ferrar L

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W.		FOR STATE		DEPARTMENT OF HE	OF MARYLAND EALTH AND MENTAL F		3/4/
of.	1. DE	REGISTRAR CEASED NAME FIRST E OR PRINT)	Violet	MIDDLE Kellogg	R'S CERTIFICATE C	20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26. HOUR
	3. SE	VIOLE RAWhite Cmale CAUC	5. DATE OF BIRTH	KEHOGC 6 AGE (IN YEARS YEAR LAST BIRTHOAY) 19 YRS.	IF UNDER 1 YR IF UNDER		12 /3 1987 A N MONTH DAY YEAR 24 HOUR 12 /3 1983 PM
No. William	FO	RTHPLACE (STATE OR REIGN COUNTRY) WEW YORK TY OR TOWN OF DEATH	7b. CITIZEN OF W		MARRIED NEVER MARR NIDOWED DIVORC	IED 📙	OR COUNTY OF DEATH
DELAY IS TO THE PERHIP	Ch	evy Chase	60/2 K	ENNEDY	DV	Physician	OR INDUSTRY Medicine
FRANT DEL	130. S			130 CTY OF TOWN Chevy Chase	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	VEDY Dr.86
SS1, SS1, SS1, SS1, SS1, SS1, SS1, SS1,	17 -	THER'S NAME FIRST TAN LEY	MIDDLE	KELLOGG	15. MOTHER'S MAIDE FIRST Anna	EN NAME MIDDLE	Leary
RS AFTER DE WITH FORM WITH FORM DIVISION OF	160. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	579-42-389	O. 17. INFORMANT	McCune, 5101 I	Chase, Md.
RESTON ST. THIN 24 HOL IL IN ITEM 18 ER ALONG INSIT PERMIT IL HYGIENE, REMOVAL.		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE WITH Canditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.	TE CAUSE (a) DUE TO, OR	MYOCARDIA RAS A CONSEQUENCE OF	oric CARDI	WALLER ON	BETWEEN ONSET AND DEATH
BE EXEC BE EXEC INDING" MEDICAL AS A BUR ALTH AN	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS	(c)CONTRIBUTING TO OFATH	BUT NOT RELATED TO THE TERMINA	IL OISEASE OR CONDITION GIVEN IN PA	RT I a	
오당구하지하네	CERTIFICATION	190. DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERAT	ION WAS PERFORMED?		20 AUTOPSY? YES \(\square\) NO \(\beta\)
ERTIFICATE ING THE WG TO THE SHOULD B SHOULD B PRIOR TO B	MEDICAL CER	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 214 INJURY OCCURRED WHILE NOT WHILE	DEATH PLACE STREET, FACE	A MONTH DAY YEAR A. 12 13 19 3 OF INJURY (AT HOME. TORY, FARM, ETC.)	211. HOW INJURY OCCURRED OCLL APS & 211. LOCATION STREET,	D (ENTER NATURE OF INJURY IN ITEM	18 PART I ORPART 2) MG COUNTY STATE
WINER: THIS FICATE, WR SE FORWAR CTOR: PAG H THE STATE (LAND, 2120		AT WORK AT WORK 220 I certify that I taak charge		MIB Solibed abave, held an Accordent . Suici	Autapsy , Inspection Hamicide . TITLE (SPECIFY)	In El. Inquiry El.	and in my apinion
MEDICAL ECUTE THE GE 4 SHO FUNERAL FER DEATH		EXAMINER'S NAME (TYPE OR PRINT)	wus (Mayo	M.D. Dept ADDRESS 200 C	MEDICAL EXAMINER	DATE SIGNED 20 8/14/13
Bb———	(1	URIAL CREMATION, REMOVAL BULLIA	12/16/198	33 Cul nener	TERY OR CREMATORY National Cem	23d. LOCATION CITY OR TOWN Culpeper	COUNTY STATE Virginia
DHMH - 17 (VR A15 ME (5)) 20M 4/B2	24 F	UNERAL DIRECTOR JOSEPH 5130 Wisc. Ave.	Gawler's	Sons Inc.	DEI	REC'D. BY REGISTRAR 256 REC 2 0 1983	
ZUIVI 4/ DZ						10	

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERT

5 DAT

JU

MARE

IFICATE OF DEATH	REG. NO.		
Fadden	20. DATE OF DEATH MONTH	18-83	2b. HOUR
E OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
LY 24, 1885	98 YRS	MONTHS DAYS	HOURS MIN.
RIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT		
WED DIVORCED	Montgomery Cou	inty	ME
E OR OTHER INSTITUTION	12a USUAL OCCUPATION		F BUSINESS OR

(TYPE OF WORK FOR MOST OF WORKING LIFE)

Homemaker

WHITE FEMALE a. BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? COUNTRY Maryland 10 CITY OR TOWN OF DEATH MAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Rockville

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE

Julia

REGISTRAR 1. DECEASED NAME LITYPE OR PRINTS

Maryland

(YES NO OR UNKNOWN)

underlying

24. FUNERAL DIRECTOR

ATION

prior bee

00

MPORTANT:

certificate has

Christian

WAS DECEASED EVER IN U.S. ARMED FORCES?

FATHER'S NAME

no

3. SEX

age 3

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) National Lutheran USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13n. STATE
13b. COUNTY
13c. CITY OR TOWN 13c. CITY OR TOWN Baltimore Baltimore

LAST

Kalter

13d. INSIDE CITY LIMITS? YES X 15 MOTHER'S MAIDEN NAME Elizabeth

MIDDLE Weikert ADDRESS

Pleasant Valley

INDUSTRY

Md.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO []

STATE

166 SOCIAL SECURITY NO.

Rev. Richard Reichard 9701 Veirs Dr. Rockville 18 CAUSE OF DEATH (Enter only one couse per line to PART I. DEATH WAS CAUSED BY:

17 INFORMANT

DUE TO, OR AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19	a.	DA	ATE	OF	OP	ER	ATI	01			
11.					WA						j
0	R	co	NTR	IBUT	ING		CA	USE	OF	DEA	T

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

Conditions, if ony, which gove rise to immediate cause (a), stating

cause

last

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

YES 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

21f LOCATION

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

22a. I certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ abave, (1) (we) (did) (did nat) view the bady after death 226 SIGNATURE

DEGREE

MARCHI

and that in (my) (aur) apinion death occurred an the date and have and from the causes stated ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN TO

18 Dec

CITY OR TOWN

22c. DATE SIGNED

Dooley, Mic

22e ADDRESS

20850 23c. NAME OF CEMETERY OR CREMATORY

23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial

The Hysong Company 1300 N St. W. Wash. D.C.

1983

Baltimore, Maryland STATE Loudon Park Cemetery

BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

The contract of the contract o And the rest of the state of th best and the second of the second control of the second of The same of the sa

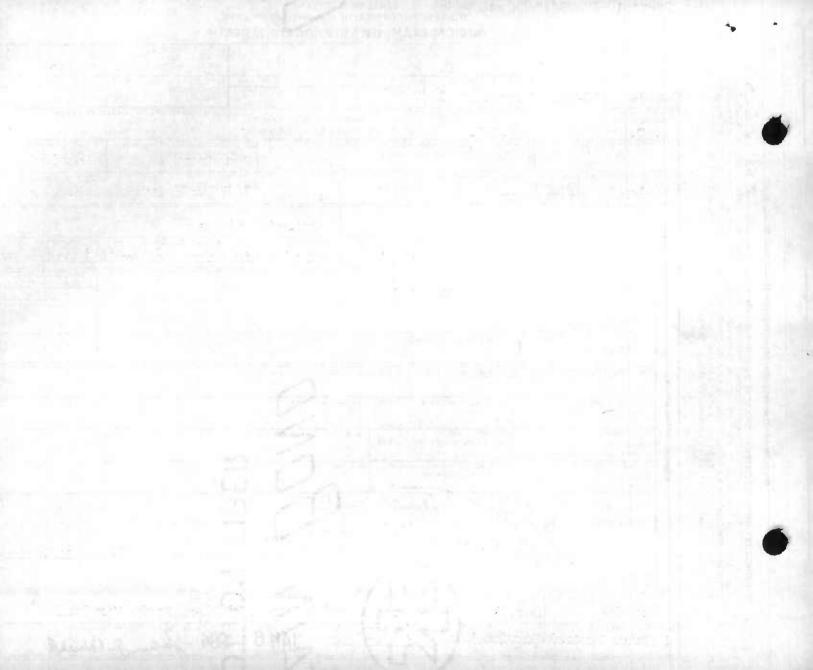
DECEMBER Some of Child

14	1-	FOR STATE REGISTRAR		DEPARTA	NENT OF HE	LTH AND M	IENTAL HYGI	ENE G S	10.	5 /	5 0
· (M)		CEASED NAME FIRST OR PRINT) JAME	S	JOSEPH	M C	VALLY		12/12/8		AY YEAR	26. HOUR P 7:41 M
rectember	3. SE	MALE	4. RACE WHIT		5. DATE OF	05	[∀] ¶ [®] 2	6. AGE (IN YEARS LAST B	YRS.	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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by the filled with	SI	LVER SPRING	"HOLL'S	HOSPITAL, NURSIN	HOSPI		ITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST OFFICE MAI	OF WORKING LIFE	BUSCH	ANHEUSER-
Him 24 hours	13a. S MA1		OTHER INSTITUTION TY GOMERY	13c. CITY OR TOW STLVFR S	PRING		TY LIMITS?	13e STREET ADDRESS		DE ROAD	20902
omplet ond		THER'S NAME FIRST PATRICK VAS DECEASED EVER IN U.S. AR.	AIDDLE	MCNALL 166 SOCIAL SECU	y	F	ERESA	MIDDLE	FSS	KTLDE	-
BALTIMORE Tote be socian and c ppers. Pages val. It, the medica	- (VES WWT	WAR OR DATES)	136-10-4	755		ORMA MO			SAME AS	13 MATE INTERVAL DNSET AND DEATH
es that it dest certificate and by the attending physic please remove carbon paper unal, cremation, or removal, or other traumatic event, it		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DBY: E CAUSE (o) DUE TO, ((b) DUE TO, ((c)	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF					eneration Eminal disease or condition given in part to		
DIVISION OF VIT AL RECORDS, NG PHYSICIAN: The low require of the this certificate has been sign of the burial-transit permit. Then th and Mental Hygiene prior to by orked or them 18 shows any injury	CERTIFICATION	19a DATE OF OPERATION	120	DITION FOR WHICH				200 AUTOPSY?	206 IF YES,	WERE FINDIN	IGS USED
N OF VITA SICIAN: The major physicic certificats are unid-transit them 18 she	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IS EITHER NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED	TH HOUR A	OF INJURY A.M. MONTH DA P.M. E OF INJURY	19	21c HOW INJ		ED (ENTER NATURE OF IN)	URY IN ITEM 18 PA	RT I OR PART 2)	
DIVISION DING PHY After this e as the bull hand M norked or	MED	WHILE NOT WHILE AT WORK	(AT HOME, S	TREET, FACTORY, OFFICE, F		STREET	81	CITY OR T	OWN	COUNTY	STATE
O HOSPITAL OR ATTENDE etained by the hospital of TO FUNERAL DIRECTOR should be detached for uss with the State Dept. of Hee MEDRIANT: if hem 21 is n	6	270.1 certify that (I) (this hosping sow the deceased alive on the little of the littl	Total the feet	y after death.	3 -	GREE AT P 22e ADDRESS	TTENDING,	leath occurred on the depth occurred on the MEDICAL ST, DIRECTOR PHYS	AFF CIAN []	22c. DATE	SIGNED 123
Bb————————————————————————————————————		BURIAL, CREMATION, REMOVAL SPECIFY)	236. DATE	23c		AETERY OR C	REMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	BURIAL UNERAL DIRECTOR FRANCI NAME O UNIVERSITY BO	S J. CC	6,1983 GAT DLLINS _{DDRESS} D.W. SILVE			25a DATE	RY SILVER . REC'D. BY REGISTRA 1 5 1983		MONT. RAR'S SIGNATION LA COL	URE LUCK

TEMPERED OF 01 20 10 A.2.U SILVER STRIVE NOUV CROST HOSPITAL

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2000	(TYPE OR		Juani	ta Is date of	BIRTH	G.	YEARS IF U	McRae	IF UNDER		OF ESTI		26 19	983 YEAR	M 2d. HOUR
The second secon	Fema	le	Black			, 1947 36	YRS.		HOURS	MIN PR	DEAD	12		983	7:58P
	D.	N COUNTRY)		U.S	.A.	TITAL, NURSING HO	WIDO	RIED NE	DIVORCE	ED X	Montgom	ery Col	inty		MD.
D. 21201 2, AND DELAY E. 3. RETAIN PAGE 3. SETAIN PAGE AL RECORDS, 20	Ta	koma	Park	Washi	ngto	ILITY, GIVE STREET ADDRE	ist Ho			Secre	t of working Life	E)	HO	NDUSTR Spit	ăl
F ANY (AND 3 AND 3	Mary	land	Montg	YTY	JIION, GIVE	Takoma Pa	rk	13d. INSIDE C	NO 🗌		Maple	Avenue	, Apt	· 1	Ò
5 T "	0		Golson	MIDDLE		EAST		Kat		e Mic			LA		
BALTIMORE, I RE AFTER DEATI B. GIVE PAGES I WITH FORM PW WITH FORM PW DIVISION OF VI	160, WAS (YES, N	O, OR UNKNOY	EVER IN U.S. AR	MED FORCES WAR OR DATES)	5?	578-66-9		Kathe	mant rine	Richa:	Vashing Cdson, m	ton, D. other,	C. 1851	2001 Newt	0 on NW
W. PRESTON ST WITHIN 24 HOL ENCIL IN ITEM II MINER ALONG TRANDIT FERMI NTAL HYGIENE, OR REMOVAL.		PARTIDE, 429 Condition gave ris couse (o) lying cous	IMMEDIA IMMEDIA s, if ony, which e to immediate stating the <u>under</u> se lost.	ED BY: ATE CAUSE (o DUE (b) DUE (c)	TO, OR A	or (a), (b), ond (c).) yocarditi as a consequent as a consequent ut not related to the	CE OF	OLIONO) 60 324	ON CIVEN IN DAS	PILO			BEIWE	EN ONSET	AND DEATH
BIVISION OF VITAL RECORDS, 201 IS: THIS CERTIFICATE SHOULD BE EXECUTED ITE. WRITING THE WORD "PENDING" IN PROPOSED TO THE CHIEF MEDICAL RELATED SEPARATION OF HEALTH AND MEDICAL STATE DEPARTMENT OF HEALTH AND MEDICAL CREMATION, 21201 PRIOR TO BURIAL, CREMATION,	NO		OPERATION			ON FOR WHICH O				KT T (G).				TOPSY?	NO []
IPICATE S G THE WC TO THE HOULD BE HOULD BE ARTMENT	ICAL CER	NDERLYING ONTRIBUTION	CAUSE WAS OR IG CAUSE OF	DEATH HO	P.M.	MONTH DAY Y	EAR		OCCURRE	D (ENTER NAT	URE OF INJURY IN I	TEM 18 PART 1 OR F	ART 2)	Α	
DIVIS THIS GER WARDED PAGE 3 S TATE DEP	WED	HILE WORK	NOT WHILE I			F INJURY (AT HOM DRY, FARM, ETC.)	211. 1	OCATION STREET		C	ITY OR TOWN	C	OUNTY		STATE
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, ADGE 4 SHOULD BE FORY TO FUNERAL DIRECTOR, R AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, S	A	27s. I certificath results CTUAL GNATURE	y that I took char d from: Nay	Mis	Wo	Accident heid	Suicide L	Home	PECITI	Undetern	Inquiry ,	ond in my o		12/2	7/83
AEDIC GECUTET GE 4 SY FUNER TER DEA		AMINER'S I		homas	D. S	Smith, M.I).	_ADDRESS_		.l Pen	n St.	Balto	o.,MD		
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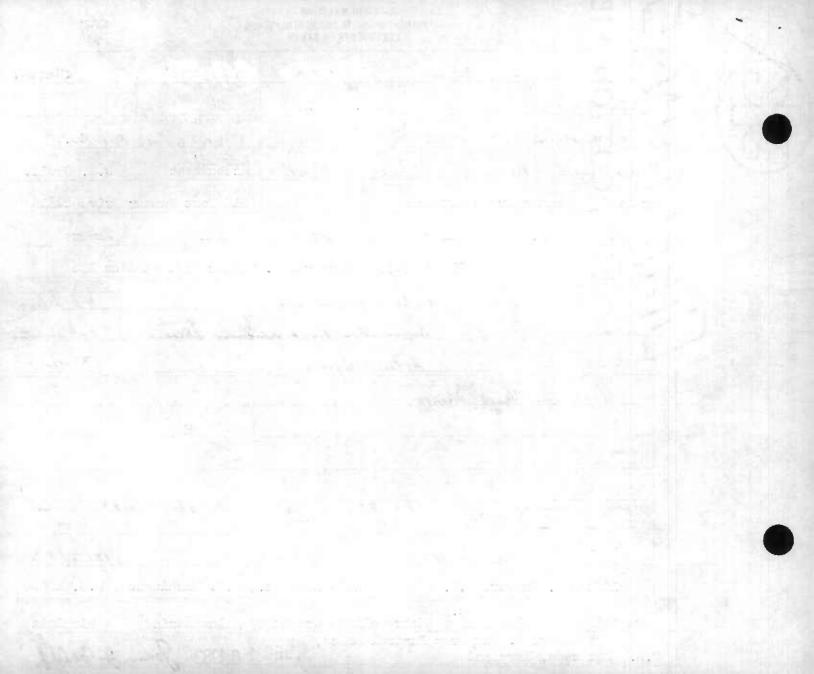
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	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR AFTER DEATH, WITH THE BALTIMAORE, MARYLAND,	/	EXAMINER'S NAM	IE /	0	Mails		Conti	le vale al	A. B.	20	814	enh.
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REPORT HOLD BATCH . LEWISS

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	TO MEDICAL EXAMINER: THIS CENEUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE ID MANAMENT OF THE STATE ID MANAMENT OF THE STATE ID MANAMENTAND, 21201		22s I certify that I too	ok charge of the remains d	escribed abave, held an	Autapsy .	Inspection	Inquiry . a	nd in my opinion	
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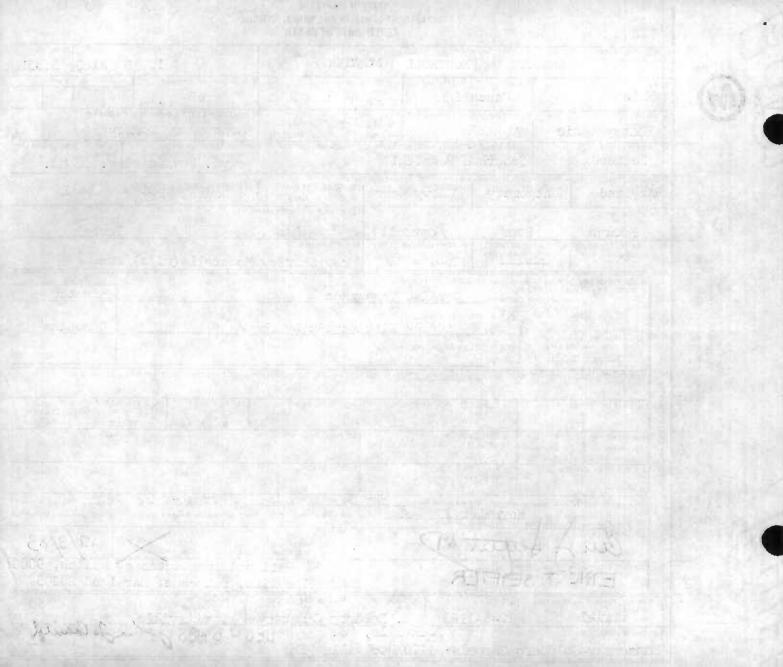
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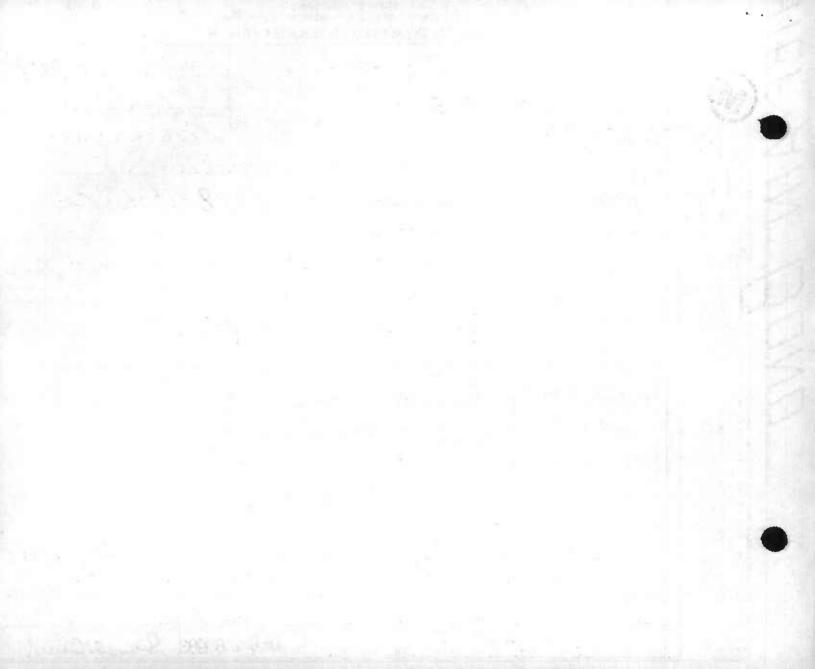
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M.S.A. Totale Til. Jug. Englished Stur- Red. William I William See Markevell. THE WILL TO STY TO STATE (SILL PILL) SHIP HE LEVEL BY THE Burtal. 12/13/83 Karyland Veterang Cheltel Mas. P. D.. Takoma Fracrai Rome. Inc. - Ho



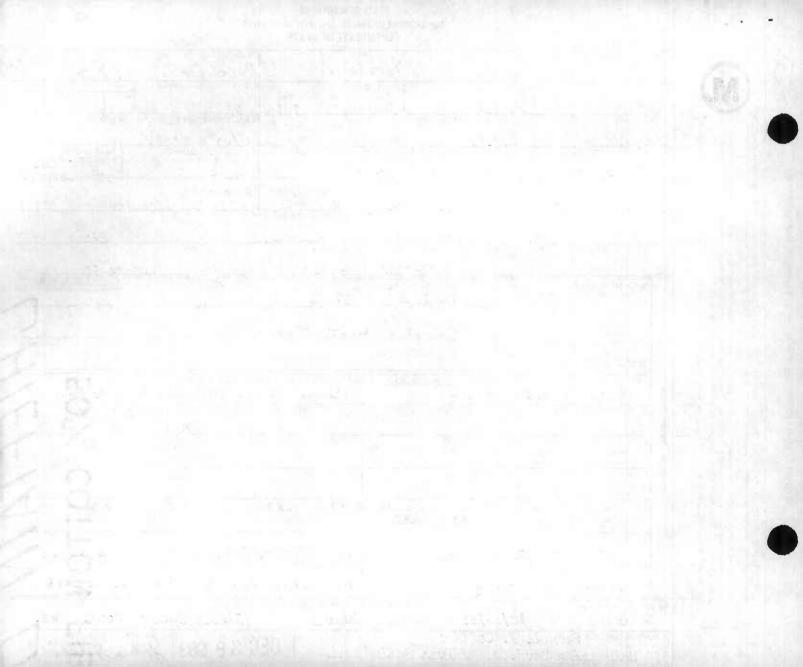
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME KNOWN 2a. DATE (TYPE OR PRINT) OF ESTI-DEATH MATED 1 Frank 3. SEX AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY MONTHS PRONOUNCED DEAD 7a. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D.C. U.S.A. DIVORCED WIDOWED mer CORDS, 201 W 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF ANDRE 126 KIND OF BUSINESS OR INDUSTRY NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE Carpenter Spring. 13a. STATE 1136 COUNTY BALTIMORE, MD. 21201 13d. INSIDE CITY LIMITS? SHO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME CV MIDDLE FIRST FIRST LAST Bertha Reynolds Robert Moore. Margaret 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-03-9517 Moore Wife Same as Josephine M. No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MENTAL HYGIENE, N. OR REMOVAL. Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIALlying cause last CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In ED AS A E CERTIFICATION CO USED / 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? Writing the word "F Arded to the chief Age 3 should be used YES [] 216. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION [AT HOME STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATION
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PI
AFTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, 2 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinion Accident death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATUR MEDICAL EXAMINER John S. Rogers, 1919 Seminary Rd. Silver Spring, Md. M.D. EXAMINER'S NAME TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Adelphi Dec. 28, 1983 George Washington Pr. Geo. Runial BP 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE DEC 28 1983 24 FUNERAL DIRECTOR Francis J. Collins **DHMH-17** 500 University Blud. W. Silver Spring. (VR A15 ME (5)) 15M 2/80



Homes

STATE OF MARYLAND

3-12-6-3-13-13 Less of automate supplied DIRIC Montgonery Betheedo Suburban Haping



2	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	EALTH AND MENTAL HYG	IENE REG. NO.		
		CEASED NAME FIRST		MIDDLE	L	157	26. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
1 60	,,,,,	PATRIC	IA T	CABLER	MOU	NT	December 15, 19	83	9:10A M
£ 34,	3. SE	X	4. RACE	A TELL O	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS.
TISKIN BO		Female	White			22, 1933 YEAR	50 YRS.	MONIHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH	
1 (1) (2)		Illinois	USA		WIDOWE		Montgomery Coun	ity	MD.
10 2 2	Be	ty or town of DEATH thesda	NIH, T	the Clinic	al Ce	nter Institution	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII HOUSEWIFE	FE) INDUSTRY	OF BUSINESS OR Home
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ratending physician. Were this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be at the ond Mental Pygiene prior to burial, cremation, or removal. orked or Item 18 shows ony injury, or other traumotic event, the nedical considermity bein a considered or them.	USU 130 S We	al residence in nursing home state st Virginia Be	or other institution unity erkeley	131. CITY OR TOW Inwood	admission) N	13d. INSIDE CITY LIMITS? YES NO XX	13e STREET ADDRESS Rt. 2, Box 257	2542	1999
MARYL, ted within ted within ond 2 st	14. FA	THER'S NAME FIRST LEE	WIDDLE	Tabler		15. MOTHER'S MAIDEN NA/ FIRST Marie	MIDDLE	Griff	
ORE and condicol		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRESS		
TIM be e		No		332-28-3	938	Mr. William	Mount (husband)	Same	
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or at			((c)	metastati	c bre	ast cancer			
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nos been permit. Il ne prior t	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	IN CERTIF	S, WERE FINDIN	S OF DEATH?
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DF VIII Clan: physical physica		OR CONTRIBUTING CAUSE OF	DEATH HOUR A	M. MONTH DA			LEG LEGICAL COLLEGE OF PASSAGE BATTER TO	ANTI ON PANT 2)	
ON OF HYSICIA ding ph ins certifi buriol-th Mental or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMP 21d. INJURY OCCURRED		.M. OF INJURY	19	211. LOCATION			
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CTC CTC GTC In 21		onove, (X (we) (aid) (M)	nt) view the body	ofter death.	. on	d that in (my) (our) opinion o	death accurred on the date and hou	r and from the	causes stated
PITAL OR. By the ho ERAL DIRE Store Deptition Store Deptition Figure 1.		226. SIGNATURE	1 Reg	en	K	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	ISIGNED 83
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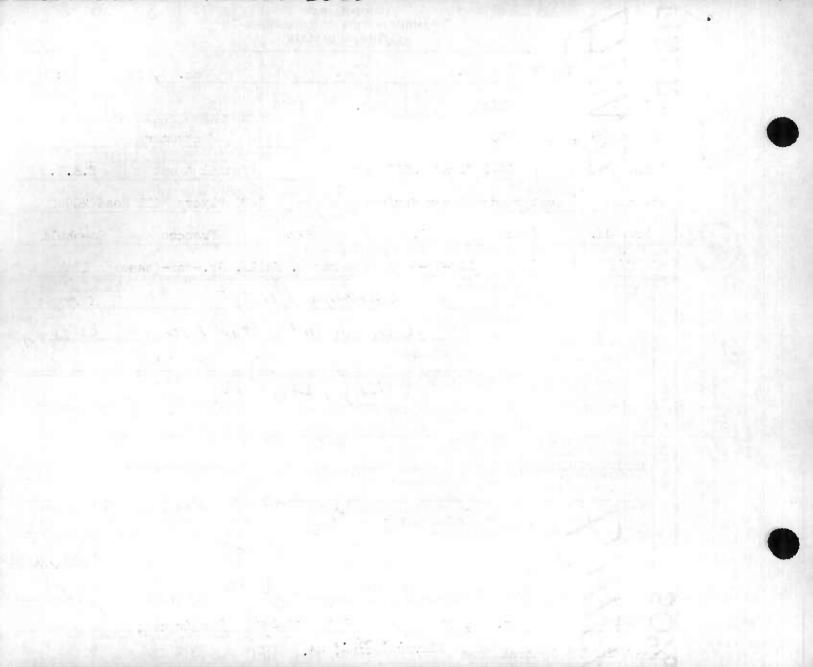
N.	1	FOR - STATE REGISTRAR	DEPARTN	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE REG. NO.	4
1	TYP	CEASED NAME INST	ountjoy	LAST	20 DATE OF DEATH MONTH	(1)
	3. SE	F	Caucasion	S DATE OF BIRTH MONTH DAY YEAR 12 27 91	6 AGE (IN YEARS LAST BIRTHOAY) 92 YRS.	# UNDER I YEAR # UNDER 24 HRS MONTHS DAYS HOURS MIN.
On The Part of The	6	IRTHPLACE (STATE OR FOREIGN	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	mountagmet	Y OF DEATH
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A Series 24 h	130%	STATE DISTANCE	ROTHER INSTITUTION, CHE RESIDENCE BÉFORE 131 CITY OR TOWN GOTNELY 5 / VCL SA	Fing YES NO NO		ve 20910
and 2 th	CA	nrles	MIDDLE COMPSTO	Fannie	WIDDLE	Reid
is be exo Pages 1		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) IF YES, GIV	E WAR OR DATES]	1097 Elizabeth	T. Jams	all Church, Va.
death certifica ending physica carbon paper on, or removal traumatic even	Г	PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), and ED BY. TE CAUSE (a) acute,	Cronchetis		APPROXIMATE ATTERVAL BETWEEN ONSET AND DEATH Z Wha
the att emove rematic		Conditions, if any, which gove rise to immediate couse 101, stating the	DUE TO, OR AS A CONSEQUE			
requires that is signed by en please or to burial, co	Z	PART 2 OTHER SIGNIFICANT	conditions contributing to a	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION OF	EN IN PART I (a)
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ttending After thi S the buri th and M marked o	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	IRM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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TO HOSPITAL retained by the TO FUNERAL should be detained with the State		George	Songstack	9241 Colum		er Spring Md.
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Y	1	FOR STATE	DEP	STATE OF MARYL ARTMENT OF HEALTH AND	MENTAL HYGIENE	3 3 /	0 /
8		REGISTRAR		CERTIFICATE OF	DEATH	REG. NO.	
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ou and	4.5E		4. RACE	5. DATE OF BIRTH		GE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
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a 142 &	7a. Bl	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIEDXX NEVER	MARRIED . 9. B	BALTIMORE CITY OR COUNT	1
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hour hour	JSU. 3a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		STREET ADDRESS / ZIP COL	
AND 124	Ma	ruland Manta	romery Silver		NO [] 1	1006 N. Belgra	
All September 1	14. FA	THER'S NAME FIRST	MIDDLE LAS		R'S MAIDEN NAME	WIDDLE	EAST
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hysici pope ioval.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a), (D BY:	bi, ond (ci.)	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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e off motion		Conditions, if any, which gove rise to immediate	(b)	Continue	10311	pacin dray 1	0
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DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir cattending physician. Wher this certificate has been signs of the burial-transit permit. Then the and Mental Hygiene prior to be arked or frem 18 shows any injur	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERF		IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? VES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
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otter of ter the north ond rked	×	WHILE NOT WHILE AT WORK	(AT HOME, SIREET, FACTORY, C	OFFICE, FARM, ETC.)	Ser Carrie	7 .	N>
A Solo E		22a I certify that (I) (this hosp	fall offended the deceased t	from C		to Dec 2	19, that (1) (we) last
ATTE Spirto CTO I for of H		obget, (I) (we) (did) (did no	t) view the body after death.		y) (our) apinion deat	th occurred on the date and ha	
OR ATTEN e hospital DIRECTOR oched for un Dept. of He		77h SIGNATURE	10.	DEGREE	ATTENDING M	AFDICAL STAFF	22c. DATE SIGNED
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	23a. l	SURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR	CHEMITON	23d LOCATION CITY OR TOWN Property of the Control o	COUNTY HOWARD STATE
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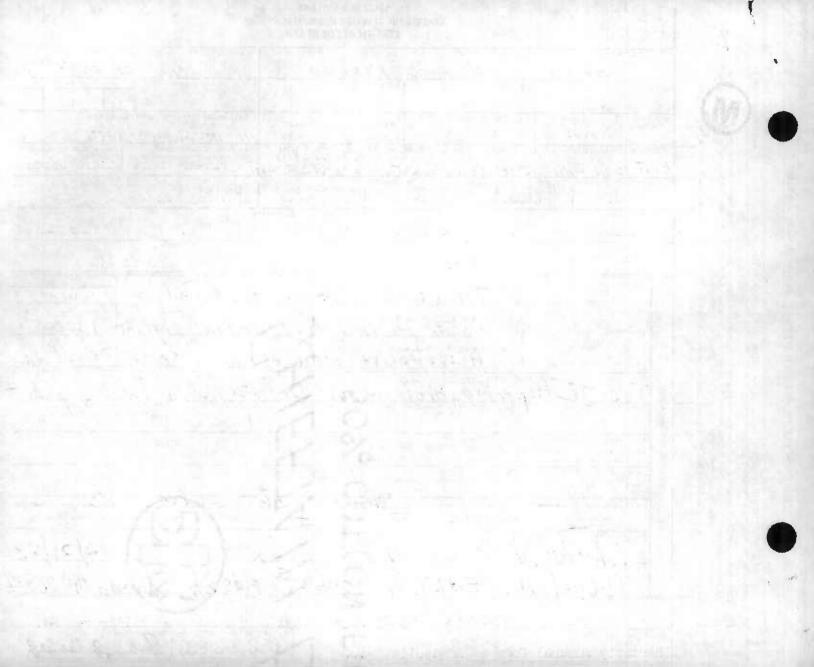
STATE OF MARYLAND - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME DATE KNOWN TH MONTH 2b. HOUR (TYPE OR PRINT) Mary J. DEATH MATED Murray 4. RACE AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED Jan. 5, 1892 White DEAD Female 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Montgomery County WIDOWED X DIVORCED Penna O CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Washington Adventist Hospital Takoma Park Clerical U.S.A. Gov't OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 8212 - 15th Avenue Maryland Prince Georges Hyattsville YES M. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Edwark Barrett Marv E. Dunn ADDRESS 16b. SOCIAL SECURITY NO. Daughter 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 126-07-2243 Mary Jane Murray - Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic heart disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which generalized arteriosclerosis and chronic gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF obstructive pulmonapy disease couse (o) stoting the underlying cause last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III Fracture of right hip 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 12/6/83 Fracture of right hip YES NO TX 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR 11/22 19 83 Fell at home CONTRIBUTING X XCAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 211 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK Home TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER BEALT, WITH THE STATE BALTHMORE, MARYGAND, 2120 15th Ave., Hyattsville, Prince Georges, Md. 220 I certify that I taok charge of the remains described above, held an Autopsy and in my apinian Accident X Suicide Hamicide Undetermined manner Natural couses TITLE (SPECIFY) ACTUAL 12/27/83 DATE Deputy SIGNATUR MEDICAL EXAMINER 1919 Seminary Road EXA HE S NAME John S. Rogers, M.D. Silver Spring, Montgomery, Md. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY STATE Cremation Dec. 27'83 Metropolitan Crematory Alexandria, Virginia 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DeVol Funeral Home **DHMH - 17** Washington, D.C. (VR A15 ME (5)) 20M 4/B2

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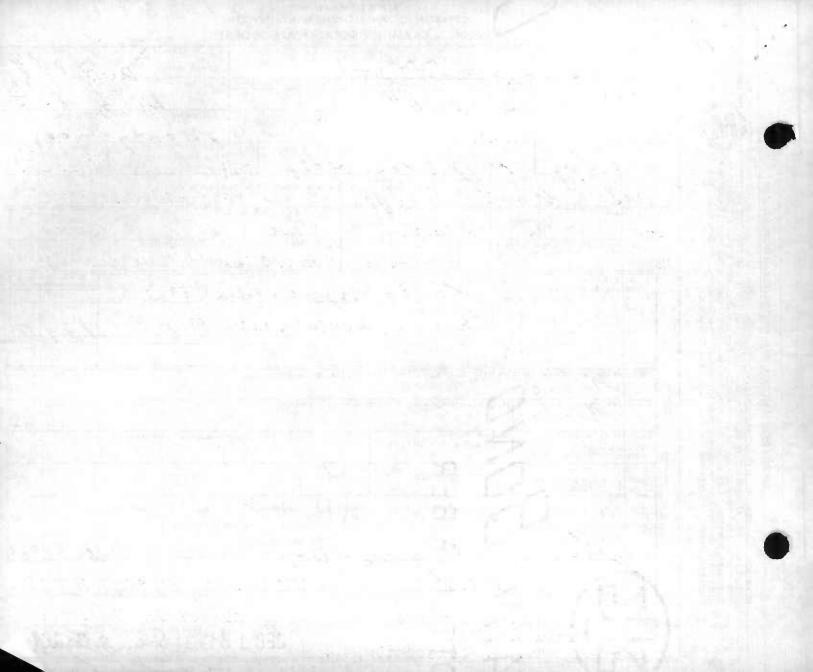


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ALTIMORE te be execution and colors. Pages ol. the medica	(YES, NO OR UNKNOWN) (IF YES, GIVE	T T	579-40-40	620	MICHAEL D. O				RYLAND
T GGE S		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSEI IMMEDIAT	ly one cause pe D BY E CAUSE (a)	er line far (0), (b), and	Al	REST			BETWEEN	MATE INTERVAL DISET AND DEATH
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requires en signee . Then pl or to burn	TION	PART 2. OTHER SIGNIFICANT C					INAL DISEASE OR C	ONDITION G	IVEN IN PART 1/0	
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TTENE Pritel TOR: for us of Hee		220. I certify that (I) (this haspit sow the deceased alive an, above, (I) (we) (did) (did nat 22b. SIGNATURE	12/1	5 19		that in (my) (our) apinian	death accurred an ti	ne date and ho	our and fram the c	
O HOSPITAL OR A etained by the has TO FUNERAL DIRECTOR Should be detached with the State Dept.		22d. PHYSICIAN'S NAME (TYPEDE	AT S			ATTENDING PHYSICIAN [22e ADDRESS	DIRECTOR PH		22c. DATE S	15 83
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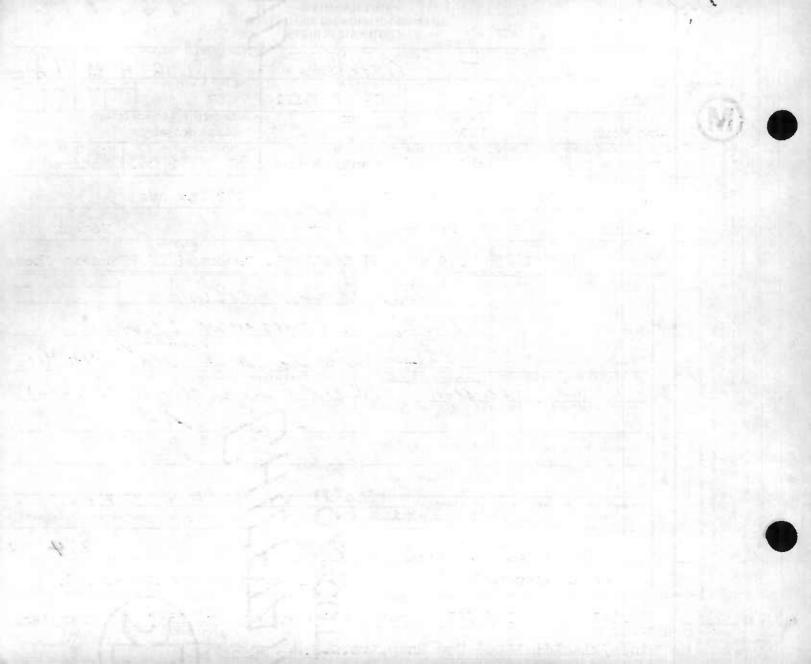
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	1-	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE REG. NO	
్ లక్ ఆక		CEASED NAME FIRST	MIDDLE	OPPENHEIMER	2a DATE OF DEATH	MONTH DAY YEAR 126 HOUR
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The state of	108	OCKVILLE	1. NAME OF HOSPITAL, NU (IF NOT IN SUCH FAGILITY, GIVES HE BROW HOME	JRSING HOME OR OTHER INSTITUTION STREET ADDRESS)	12a USUAL OCCUPATION OF WORK FOR MOST OF SALESLAD	12b. KIND OF BUSINESS OR INDUSTRY DIESCL
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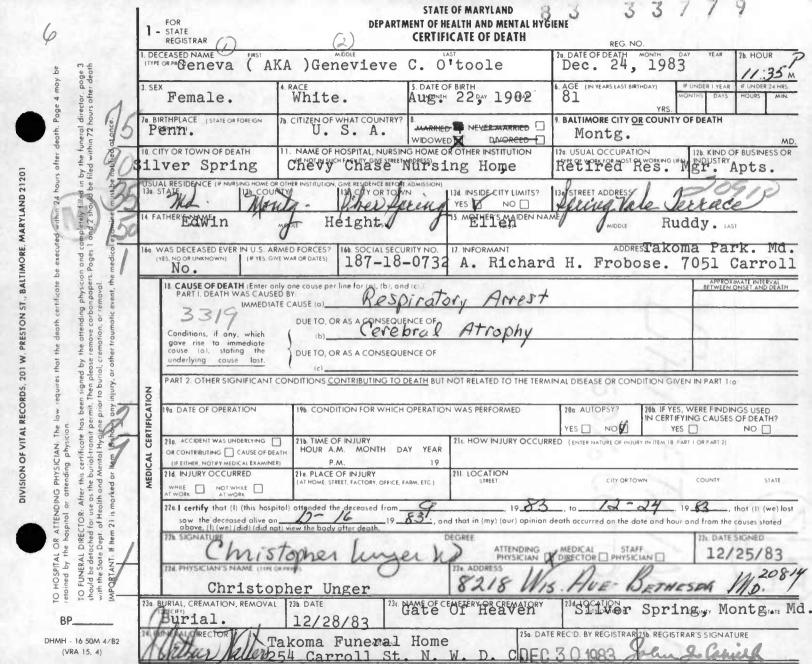
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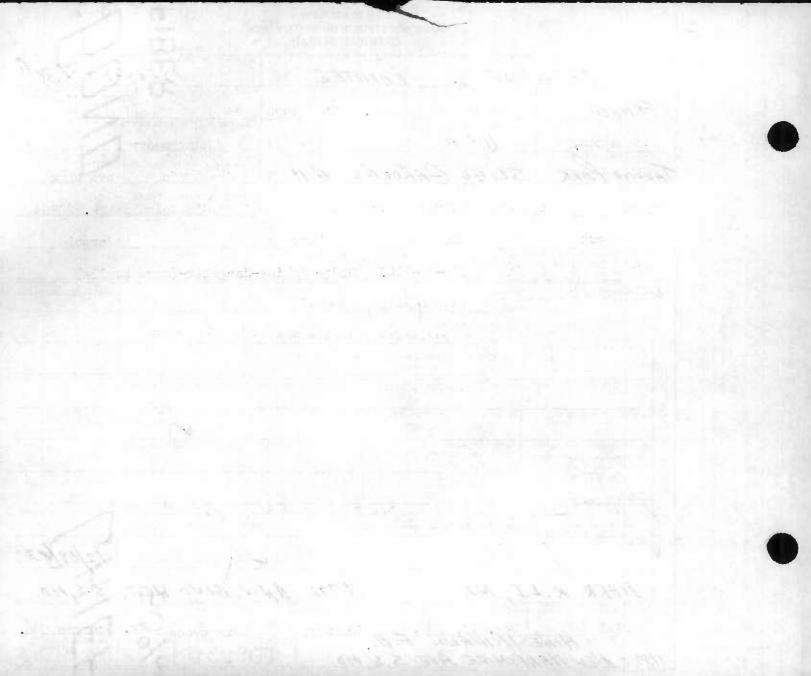
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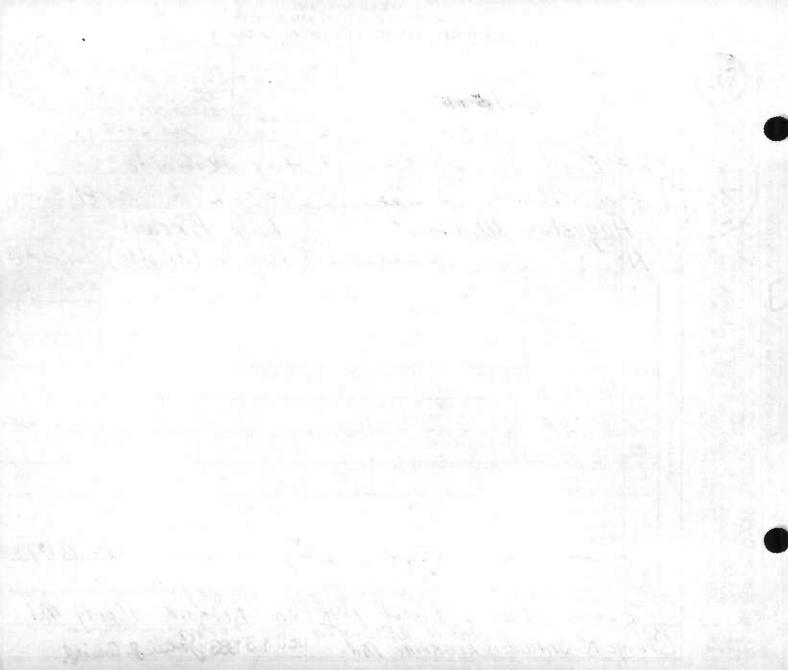
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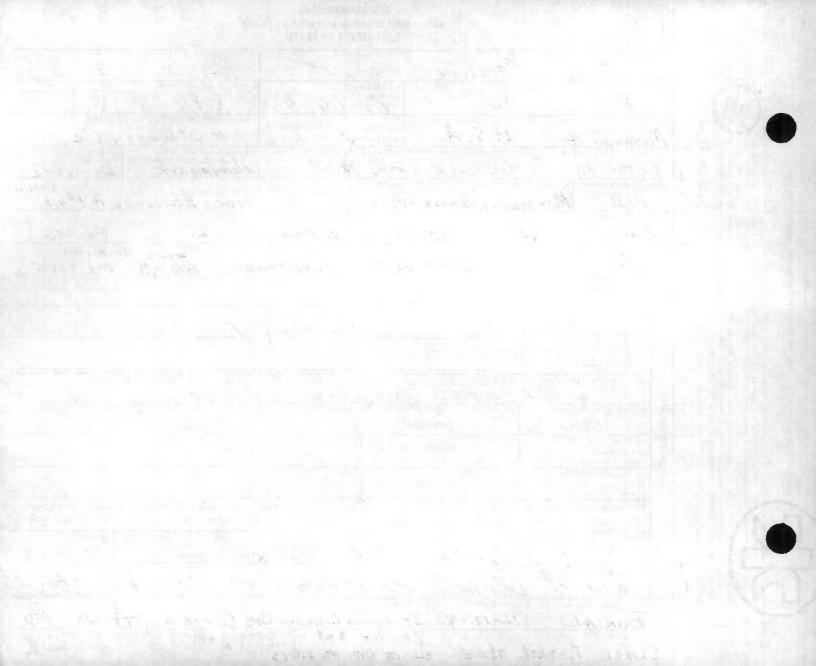


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RE,	17 17		VAS DECEASED EVER	IN U.S. ARA	NED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS			
WO	Pog e	,	VES. NO OR UNKNOWN)	(IP YES, GIVE	N/A	120-20-2	707	John Paleol	ogos-son-(same	as 13	3e)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B	requires that the death certificates signed by the attending physical Then please remove corbon poping to burial, cremation, or removally injury, or other froumatic event,	CERTIFICATION	18 CAUSE OF DEAT PART I. DEATH W. Conditions, if only gove rise to improve the couse (o), stofic underlying couse	which mediate go the lost.	DUE TO, C	OR AS A CONSEQUE	PATH BUX	DANS PERFORMED	V DISPASS WINAL DISEASE OR CONDITI	ON GIVEN IN	6 V	AMENTAL MAN DEATH NO
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1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH SEGISTRAN MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5
	DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DAY OF ESTI-	YEAR 25 HG
50852	EX 1. RACE S. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD DEC 10,	19 83
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FEBER	Take 12/10 Wash Revent How Housewite	ID OF BUSINESS INDUSTRY
AND	UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136. COUNTY 137. CITY OB TOWN 138. INSIDE (11Y LIMITS? YES \[\] NO \[\] \(\)	T. Spit
ORE, M. P. M	Hugustus Williams Lula Brown	LAST
LTIM VE P. VE P. SION SION	Was deceased ever in U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT DETTY MAGNUTER (daughter) Sun 195. NO. PRESIDENT MAGNUTER (daughter) Sun 196. Social Security NO. 197. INFORMANT DETTY MAGNUTER (daughter) Sun 196. Social Security NO. 197. INFORMANT DETTY MAGNUTER (daughter) Sun 196. Social Security NO. 197. INFORMANT DETTY MAGNUTER (daughter) Sun 196. Social Security NO. 197. INFORMANT DETY MAGNUTER (daughter) Sun 196. Social Security NO. 197. INFORMANT DETY MAGNUTER (daughter) Sun 196. Social Security NO. 197. INFORMANT DETY MAGNUTER (daughter) Sun 196. Social Security NO. 197. INFORMANT DETY MAGNUTER (daughter) Sun 196. Social Security NO. 197. INFORMANT DETY MAGNUTER (daughter) Sun 196. Social Security NO. 197. INFORMANT DETY MAGNUTER (daughter) Sun 196. Social Security NO. 197. INFORMANT DETY MAGNUTER (daughter) Sun 197. INFORMAN	ne As #
: 5 4 5 - 0	18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PARTI DEATH WAS CAUSED BY: 4 2 9 IMMEDIATE CAUSE (o) Oue TO, OR AS A CONSEQUENCE OF	PRÖXIMATE INTERVAI VEEN ONSET AND DEA
W. PREST WITHIN AINER A AINER A TRANSIT OR REMC	Conditions, if ony, which gave rise to immediate couse (a) stating the under-	
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SEBOLES!	22a. I certify that I tack charge of the remains described obave, held on Autopsy , Inspection , Inquiry , ond in my opinion death resulted fram: Natural causes Accident , Suicide , Homicide , Undetermined manner ,	
MEDICAL EXACUTE THE CER FOUNE THE CER FOUNERAL DIR FOUNERAL DIR FOUNERAL DIR FOUNE FOUN FOUN FOUND FOU	TITLE (SPECIFY) ACTUAL SIGNATURE M.D. LONG MEDICAL EXAMINER DATE SIGNODO EXAMPLES SAME	10/193
PAFTER BALTIE	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION CONTY L	Mar I
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(VR A15 ME (5)) 15M 2/80	seorge of Snowden Rockville, Md. PEU 1 3 1983 John & Carin	ed :



D	STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH	
e 6 4	DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR	5
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W. PRESTON ST., of the death certification of the attending phase remove corbon partemotion, ar remother troumotic ever	PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a)] Sephichiia DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	
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FOR - STATE REGISTRAR I. DECEASED NAME

LIYPE OR PRINTS

Brazil

Olney

no

4 FATHER'S NAME

(YES, NO OR UNKNOWN)

IL CITY OR TOWN OF DEATH

Walter H. Parken

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

WALTER

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

CERTIFICATE OF DE

EAIN	REG. NO.				
Jr. ARKEN	Dec, 25	, 191	YEAR 73	26. HOU	JR
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
946	37 YRS.	MONTHS	DAYS	HOURS	MIN
	9. BALTIMORE CITY OR COUNT	Y OF DE	ATH		

Montgomery

4 RACE DATE OF BIRTH Jan. 4, Male white 7a. BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY?

MIDDLE

Howard

MARRIED X NEVER MARRIED USA WIDOWED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INC. Research Engineer INDUSTR Government 13e STREET ADDRESS

10417 Sweepstakes Road

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13c CITY OR TOWN 13b COUNTY 13d INSIDE CITY LIMITS? Md. 20872 Mont. Damascus

I (IF YES, GIVE WAR OR DATES)

Sr.

16h SOCIAL SECURITY NO

140-36-6835

Mont. General Hospital

Mary Elizabeth Ferris

17. INFORMANT Same as # 13 Judith L. Parken

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Canditions, if dny, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [

210, ACCIDENT WAS UNDERLYING 216 TIME OF INTURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

211 LOCATION

CITY OR TOWN COUNTY

STATE

NO [

22a. | certify that (1) (this haspital) attended the deceased from saw the deceased alive on. above, (l) (we) (did) (did not) view the body after death

and that in (my) (aur) apinian death occurred on the date and hour and from the couses stated

ATTENDING MEDICAL STAFF

22c DATE SIGNED 12/25/83

Herbert L. Tanenbaum

AT WORK

22e ADDRESS Bethesda, Md.

230. BURIAL, CREMATION, REMOVAL 23b. DATE CREMATION DEC. 26, 1983

23c. NAME OF CEMETERY OR CREMATORY Lee Crematory

23d LOCATION Washington, D.coucy

STATE

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

WHILE

d

±

should be deto with the State IMPORTANT: B

FRANCIS H. BARBER LAYTONSVILLE, MD.

22b. SIGNATURE

20879

DEGREE

DHMH - 16 50M 1/76 (VR A 15 (4))

BP

And the second s

Maria La Resea Diller

Bethesda, Maryland

(VRA 15, 4)

Homes, P.A.

Lines Faller Albertin Historia per and De 25 3 1 1 20 7 8 5 2 100 22 43 0-ET 10 - 12 June 17 June 18 CRAMINGHO BASS 3924 Endra Dr. Whenton 20900

		FOR STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	
		OR PRINT) Hest Hest	ESTER ANNOLE PEAR		THE DATE OF DEATH	MONTH DAY YEAR 26. HOUR 83
100	3. SE)	Female	Caucasion	5. DATE OF BIRTH Oct. 7, 1895	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS
18		RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76. CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED X	Monta	ecounty of DEATH OMERY Count
notified	I	a Koma Park	UASh nator	Adventist Hase	120. USUAL OCCUPATA LITYPE OF WORK FOR MOST OF	ON 120 KIND OF BUSINE INDUSTRY Homemaker
35	13a. S	Maryland Mon		YES NO NO	13e. STREET ADDRESS	seminole 5
150	14 FA	THER'S NAME FIRST Joseph Pearson	MIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	LAST
medical		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC	CURITY NO. 17. INFORMANT	Route	^s 2, Box 1233 ord, Virginia
emoopers.			inly one couse per line for (a), (b), (ED BY: ATE CAUSE (a) Pressure.	opd (c)		APPROXIMATE INTER BETWEEN ONSET AND domp
or other troumotic	3	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQ (b) General DUE TO, OR AS A CONSEQ (c) Senile	high cachesia		months
injury, o	NO	PART 2. OTHER SIGNIFICANT		O DEATH BUT NOT RELATED TO THE TER		DITION GIVEN IN PART 1(0)
shows ony	CERTIFICATION	19a. DATE OF OPERATION/	196. COMDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT YES \ NO
them 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJUR	EY IN ITEM 18 PART 1 OR PART 2)
olth and Me marked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) 211. LOCATION STREET	CITY OR TO	WN COUNTY S
of He 21 is		sow the deceased alive of	n 12 9 19 at the body after death.	53 , and that in (my) (aux) apinio	n death occurred on the do	, 19 12 , that (1) (ste and hour and from the causes ste
F Hem		226. SIGNATURE	Johnson	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	PER 12/10/83
\$ \$ E		22d. PHYSICIAN'S NAME TYPE	OR PORTS	220 ADDRESS		11
with the State IMPORTANT: H		BYRL O. J	CHNSON	4484 Queen	sbury Rel. KIV	erdole, Md.

A Market St. The St. Telephone Manual St.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Silver Spring, Md

REG. NO.

2b. HOUR

NO [

22c. DATE SION

STATE

20. DATE OF DEATH

FOR Item 19b film 587 cm

Hines Rinaldi Funeral Home

- STATE 1-30-84 cm

REGISTRAR

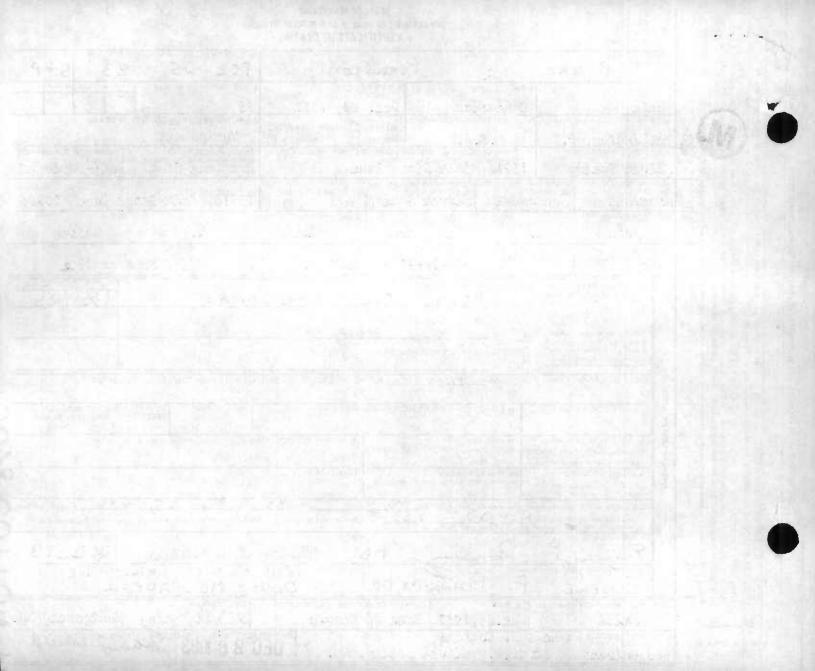
I. DECEASED NAME

TYPE OR PRINTS

DHMH - 16 50M 4/82

(VRA 15, 4)

AND THE RESERVE AND THE PROPERTY AND THE tenes of their period and



5	20	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
1			CEASED NAME FIRST		MIDDLE		AST /	20 DATE O		DAY YEAR 26	. HOUR
poge death		(ITPE	Florenc-	GR	OSSMAN	PI	ilips	Dece	mhar 19	, 1983	5/M
offe.		3. SE)		4. RACE WHIT	re	5. DATE C	F BIRTH DAY 1900		YEARS LAST BIRTHDAY) (MONTHS DAYS H	UNDER 24 HRS. OURS MIN.
Poge - I direc	21		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	В	NEVER MARRIED	9 BALTIMO	RE CITY OR COUN		
death.	クケ		MARYLAND	USA		WIDOWE	DIXX DIVORCED	0 Moi	1 tyone	MI COUNT	Y MD.
s ofter o	28	10. ci	TYOR TOWN OF DEATH		CHEACHITY, GIVE STREET		ROTHER INSTITUTION		OCCUPATION REFORMOST OF WORKING ER	EQUIP.	S POLICE
hour l hour ded in de f	ZK	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COL	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	13d INSIDE CITY LIMIT	S? 13e. STREET	ADDRESS		901
N 2 III			MARYLAND MONT	GOMERY	SILVER					D DR., APT.	420
E, MARYLA	50	14 FA	THER'S NAME WILLIAM	WIDDIE	GROSSMAN		15. MOTHER'S MAIDEN		MIDDLE	WE ISSAGE	R
o 0 0	licol /		/AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORMANT	MRS. S.	ANDRRE PYL	E	
no on Pag	Ded /	1	NO	ine was or pares;	578-52-	5904	9222 MELL	ENBROOK	RD. COLUI	MBIA, MD	21045
BALI cote l cote l cote l cote l cote l	or, me		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per SED BY:	r line for (a), (b), or	ndicit	- +			APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
entificentification of polypoper semi-	9			ATE CAUSE (0)	(sugl	my.	any			My	25
oth oth or no, or	E		7100	DUE TO, O	R AS A CONSEQU	ENCE OF	0 0	0		341	6
W. PRESTON the death c the attendir e remove cort	ner tro		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, O	OR AS A CONSEQU	ENCE OF	ranked	non	elin	241	Zny
201 res tho	ō		PART 2 OTHER SIGNIFICANT	(c)	ONTRIBUTING TO	DE ATH BUIT	NOT BELATED TO THE	TERMINIAL DISEAS	T OD COMPTION	CIVES I DI DART I	
	rio i	NO	Ch -	CONDITIONS C	1.	DEATH BUT	CAL- MA	TERMINAL DISEA	SE OR CONDITION	GIVEN IN PART 110	
it RECORDS, he low required. on. hos been signermit. There	7	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PENFORMED	200 AUT	OPSY? 206. IF	YES, WERE FINDINGS	S USED DEATH?
OF VITA	9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A	OF INJURY .M. MONTH D .M.	AY YEAR	21c HOW INJURY OC	CURRED (ENTER N	ATURE OF INJURY IN ITEM	IS PART OR PART 2)	
DIVISION OF NG PHYSICIA free this certain of the control of the certain of the	larked o	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
Par Los	Z I IS mo		220.1 certify that (1) this has sow the deceased alive a above, (1) (did) (did)	n (V	169 19	83. on	d that in (my) (our) api		d on the date and I		(we) lost uses stated
AL OR ATT the hospiral AL DIRECTO	п пед		226. SIGNATURE) Long f	ne "	~) '	DEGREE ATTENDIN PHYSICIA	MEDICAL DIRECTOR	STAFF PHYSICIAN	1220 DATE SIC	5 (83
TO HOSPITAL (To Fund by the should be deto with the State I manual branch the state I manual bra	N N N N N N N N N N N N N N N N N N N			insto)	129 ADDRESS	mbert	on hive	Silver Sp	ruy MD
BP		(uriał, cremation, remova spec#y)BURIAL	DEC.21	,1983 M	OGAN A	BRAHAM	RÖ	SEDALE	BALTO	STATE
DHMH - 16 50M 4/	B2	24 FL	INERAL DIRECTOR SOL	LEVINSON	V & BROS.	, INC.		DATE REC'D. BY	the second secon	ISTRAR'S SIGNATURI	uys:
(VRA 15, 4)			6010 DETETER		BALTO		21215	60 00	1	<u> </u>	

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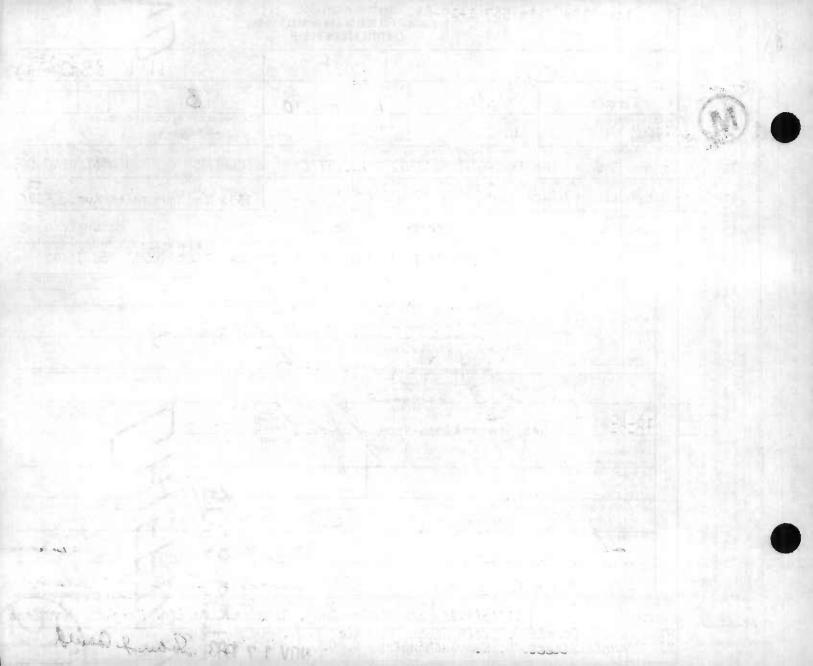
STATE OF MARYLAND PHILLIPS DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH I. DECEASED NAME 25 HOUR TYPE OF PRINTI Maurice James Phillips 12 18 83 12:16 m 5 DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 3 SEX MONTH male white 11 15 1893 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARULAN WIDOWPOKK DIVORCED | Montgomery County NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR ID CITY OF TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE) HE NOT IN SUCH EACHITY GIVE STREET ADDRESS! INDUSTRY FLASTERER Takoma Park Washington Adventist Hospital USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 112 Elm Avenue Maryland Mont Takoma Park NO 20912 YES 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME GIDDING JAMES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES GIVE WAR OR DATES) PHILLER- 415 ELM AC 577 30 6927 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: CARDIAC AILREST IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF YEARS HEART DISEASE ARTERIOSCUETROTIC Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION ABRENAL INSUFFICIENCY 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NON 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET PACTORY, OFFICE, FARM, ETC) WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from_ 18 10.83 sow the deceased alive an above. A (we) (did) (days) view the body after death. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED 22h SIGNATURE DEGREE M ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 12-18-83 should be deta MPORTANT: 224. PHYSICIAN'S NAME LIYPE OFFRINTIL 22e ADDRESS Mb, 20910 MD 236 LOCATION 23h DATE 23c NAME OF CEMETERY OR CREMATORY 21, 1983 BP. 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 (VRA 15, 4)

JAMES F. PHELLS SIRCH JAMES GOLDINGSE TOTAL OF THE EAR PER TOTAL THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL Let I MIX & John andrey Silver Spr ung Bush There I was the state of the Land Lines

/	1 - 5	FOR STATE	AA F		STATE OF MARYLAND OF HEALTH AND MEN MINER'S CERTIFICA		3 3 /	1 6	
		REGISTRAR FIRST	7716	MIDDLE	LAST		REG. NO.	DAY YEAR	2b. HOUR
		Sincl	air	J.	Pinnick	OF	ESTI-		6:03P
ł	SEX		S. DATE OF BIRTH			JNDER 24 HRS. 2c. DAT		DAY YEAR	20 A 0095
I		10 11	MONTH DAY	YEAR LAST		DURS MIN PRONOL	INCED /-	1- 83	0
b	F. hi	ITHPLACE (STATE OR	76. CITIZEN OF W			0 RAITI	MORE CITY OR COUN	TY OF DEATH	M
I	10	N COUNTRY)	20	CA	MARRIED NEVER		ntgomery		
b	il Ci	TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL NURSING	HOME, OR OTHER INSTITUTIO		UPATION (TYPE OF WORK	12b. KIND OF BUS	
ľ	4	Olney		FACILITY, GIVE STREET ADI	eral Hospita	1 ENEINEER	- LONS LINES	OR INDUSTRY	DUCTS
ļ		L RESIDENCE (IF IN NURSING HOM	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE	DMISSION)			2091	110
	Ja. 51	M& 136 COU	lant.	13c. CITY OR TO		IMITS? 13e STREET ADDI	(Nem	SVOW	MY
Į	I EA	THER'S NAME	MIDDLE	Piale	VICK 15. MOTHER'S	MAIDEN NAME	AVAILABLE	LAST	
	16a. W	VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SE	CURITY NO. 17. INFORMAN		ADDRESS		-
			E WAR OR DATES	174-09	7-1250 ROBER	TE. PINNIC	K-155131		
		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	only one couse per lin	ne for (a) (b), and (:).)			APPROXIMATE I	INTERVAL AND DEATH
	33		ATE CAUSE (o)	17 V2	m 122	-29e		1212	10
ı		9505		R AS A CONSEQUE	ENCE OF	10	. 1	1'	/ /
١		Conditions, if ony, which	le (b)	2/Lio	121 mon	SYYNYY	er d	20/2	45
ı		couse (a) stating the <u>unde</u> lying couse last.	DUE TO, O	R AS A CONSEQUE	NCE OF	1	-1	10/1	
l			(c) C	12010	lose the	phyxic	stion	120/24	1,0
ı	NO	PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEAT	H BUT NOT RELATED TO T	HE TERMINAL DISEASE OR CONDITION GIV	PEN IN PART Too.			
	ATR	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION WAS PERFORME	D?		20 AUTOPSY?	
I	H	None						YES 🗍	NORT
١	CERTIFICATION	210. EXTERNAL CAUSE WAS	21b. TIME C		YEAR 210 HOW INJURY OF	CURRED (ENTER NATURE OF	INJURY IN ITEM 18 PART 1 QR P	ART 2)	,
ı		UNDERLYING OR CONTRIBUTING CAUSE O			1983 OV CVd	ose tolz	stie ba	a over	head
ı	MEDICAL	214 INJURY OCCURRED	STREET FA	OF INJURY (ATH	OME, 211. LOCATION	h CITACO	OWN-	DUNTY	STATE
	2	AT WORK AT WORK	BO H	one	Wembron	vehot. O)	JOY MO	No M	d
ı		22a I certify that I took cho	rae of the remains de		d on Autopsy , In	spection , Inquir	y O, ond in my o	pinion	
١			urol couses ,	Acerdent	Suicide Homicide				
١		/	0/		TITLE (SPEC			,	00
l		SIGNATURE	1//	Jaske	M.D. 130	MEDICAL EXA	MINER SIG	20cf/	463
1	1	4	- /			0	310		J
1		(TYPE OR PRINT)	20 77 25 20		ADDRESS				
1	23a. Bl	URIAL, CREMATION, REMOVAL	23h DATE	23c. NAME	OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	./	JNTY JA	19
1		Bureal	W16 12.1	983 Mh.	ernm Mimuria	songen The	um	dh	0
	24. FL	UNERAL DIRECTOR	ADDRE	SS	1/A/-(1/0 - 12)	JEC U 9 1983	RAINLINE BEGISTRANS	taliet	
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The state of the s 1000 THE MOUNTED 174-09-1250 Robert B. LANICE -15518 HERBERT - 15 Barrial Bu 12. 1985 Net Vernor Marshy Street, Mr. Homen Colliss There Frankline Josephia State Grad Ward Walk De

*	1.	Item 19a F FOR STATE N REGISTRAR	ilm 587 1-19-8 ¹ DEPAR	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	, , ,
1 75		CEASED NAME FIRST	Y.	Pogost Is date of Brith	20. DATE OF DEATH MONTH	10-83 025 CM
- 60		emale	Wite	HIGHTH BAY YEAR	T3 yrs.	MONTHS DAYS HOURS MIN.
	3	IRTHPLACE (STATE OF FOREIGN	U. S. A.	WIDOWED DIVORCED	Montgomery	MD.
The line of the	Tol	roma Park	WASHINGTON ADVI		SECRETARY	PUBLISHING CO.
75	Me	Willand Pril	or other institution, give residence before the country of the cou	CSVILLE 13d INSIDE CITY LIMITS?	13. STREET APPRESS Hamps	hire Ave., \$506
maker, and a suppletely and 2 s	JA F.	Abraham	MIDDLE Sièg.		WIDDLE	Braunstein
Page 1	16a.	WAS DECEASED EVER IN U.S. A AES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 579-40-	1891 William L. S	iegle Pittsburg	tor Street h, Pa. 15217
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. RIG PHYSICIAN. The law requires that the death certification. When this certificate has been signed by the citerding post the burilot-rotating permit. Then please remove corbons th and Metabl Hygienne prior to burilot, cremotion, or remarked or them 18 shows any injury, or other transmotic even arked or them 18 shows any injury, or other transmotic even	CERTIFICATION	Conditions, if day, which gove file to immediate course to storing the underlying cooks lost.	THIS CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED	20s AUTOPSY? 20s. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
NO PEG PHYSICIAN of or attending phy No. After this certific use on the boriol-in Hedith and Meetal I	MEDICAL		P.M. 214. PLACE OF INJURY (AT HOME, STREET, PACTORS, OFFICE) aptrol) attended the deceased from	19 731 LOCATION STREET	to 11/10/	COUNTY STATE
O HOSPITAL OR ATTER Dained by the boppin D FUNERAL DIRECTO sould be detached for with the State Dept. of PORTANT. If them 21		SOW The decogness oftwe observe (IT use: Idd) idd. 22h SKSNATURE 22d PHYSICIAN'S NAME ITEM H. L. M	not yes the body offer death.	DEGREE	STAFF DIRECTOR PHYSICIANS	271. DATE SIGNED 11/10/8.3 5. Sultiver
BP 485	B	BURIAL CREMATION, REMOVA	11/13/1983 Be	NAME OF CEMETERY OR CREMATORY th Sholom Cong. Cen	THE RESERVE THE PROPERTY OF THE PARTY OF THE	
DHMH - 16 50M 4/B2 (VRA 15, 4)		uneral director Dona 2 Carroll Stre		ew Memorial F. H. DA ngton, D. C. NOV	TE REC'D. BY REGISTRATION REGIS	g. anua



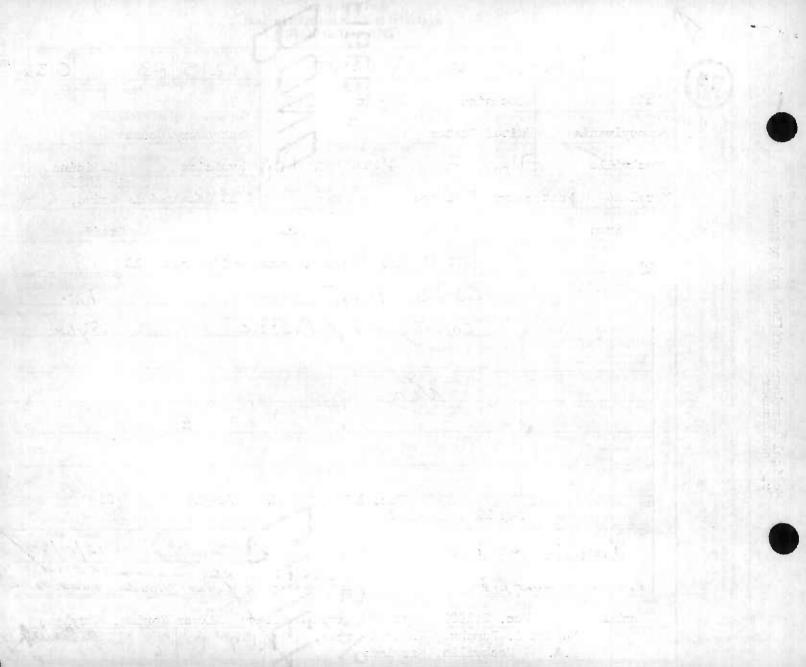
De Company white of the state of the state of

hive. Washington D. C. U. G. A. Nontromery. Herivell.C. and P. Maryland. P. Deo. Lyattayille. + ... 7604 West Ex. Ave. Dennis A - Noineracy. Annie .vifesnot Joy-01-15/8 Hrs. C. H. Milpenrick. TART 25 th Ave. Hysbesville. .d. Arlington Navional, Arlington, va. Timeral Wome Inc.

		FOR			OF MARYLAND	By 3 3 3	3 / 9 .6
10	1-	STATE REGISTRAR			CATE OF DEATH	REG. NO.	
		EASED NAME FIRST	MIDDLE	L/	AST		ONTH DAY YEAR 26 HOUR
noy be poge 3	(14bF	ORPRINT) Esther	M	Oho	lai	Her 18.	1983 10:15 M
	3. SE		4. RACE	S-DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN.
Poge 4 university	5 01	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	QC.	T. 26 18	96 87	YRS.
oth. P	Va. Bi	OUNTRY)	16. CITIZEN OF WHAT	MARRIED WIDOWE	NEVER MARRIED	100- +	CONTI OF DEATH
do from	10. C	TY OR TOWN OF DEATH		TAL, NURSING HOME O	1-1	120. USUAL OCCUPATION	N 126. KIND OF BUSINESS OR VORKING LINE INDUSTRY
o) softey the illed with the	5	liver Spring	(IF NOT IN SUCH EACIL	TY, GIVE STREET ADDRESS)	100		ASSO (RETILED)
212 Hour	USU.	L RESIDENCE TO HURSING AND OR	OTHER INSTITUTION, GIVE RE	SIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMI		
AN STATE	I	THER'S NAME	N	ASHINGTON	YES NO NO		CONS ST. NAVI
LA CAR	I FA		MIDDLE	DAKIN	FIRST	MIDDLE	SUTTEN
RE, MA		VAS DECEASED EVER IN U.S. AR		OCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
BALTIMORE, cote be execut ppers. Poges 1	- ((IF YES, GIV	e war or dates)	18-32-2996	mary FRA	Was QUALD-So	611 2M ST. NW DC
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE -CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) AROLD 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR SEX 5. DATE OF BIRTH IF UNDER 24 HRS HOURS 1907 Male Caucasian August 76 70 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY) Pennsylvania United States Montgomery County DIVORCED [II. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville Physician Medicine USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 132. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE Zip 20854 2613 Oakenshield Drive, Potomac Potomac 13d. INSIDE CITY LIMITS? Maryland Montgomery YES K NO I" 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Graff Hiram MIDDLE puo Annie Quase 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATES 577 46 6551 Ruth H. Ouase -wife- see # 13 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a) 1b), and (c). I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) notified DUE TO, OR AS A CONSEQUENCE OF MILEUDIO Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? K]ON YES [NO I 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE Dec. 81 , Sep 16 83 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an Sen and that in (my) (our) opinion death occurred on the date and haur and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING should be deto-PHYSICIAN FT DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 3900 Roman Rom WARNERSON A. C. NOTIFICATE NOSPONE CAROTER PROSEN KUNNOTH M. KENT M.V 230 BURIAL CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Dec. 8,1983 Gate of Heaven Cemetery Silver Spring, Maryland Burial 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 (VRA 15, 4) Rockville, Maryland P.A.



STATE OF MARYLAND

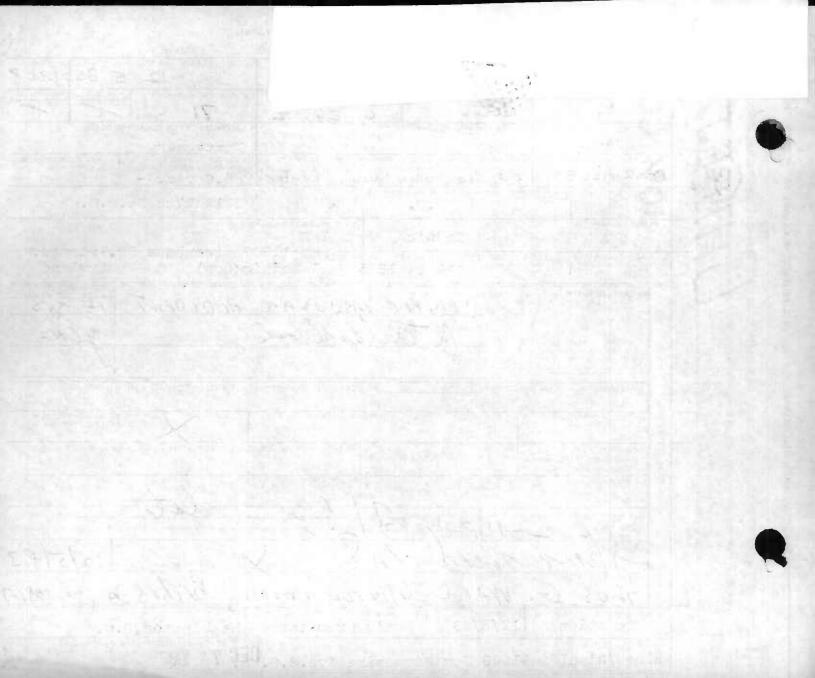
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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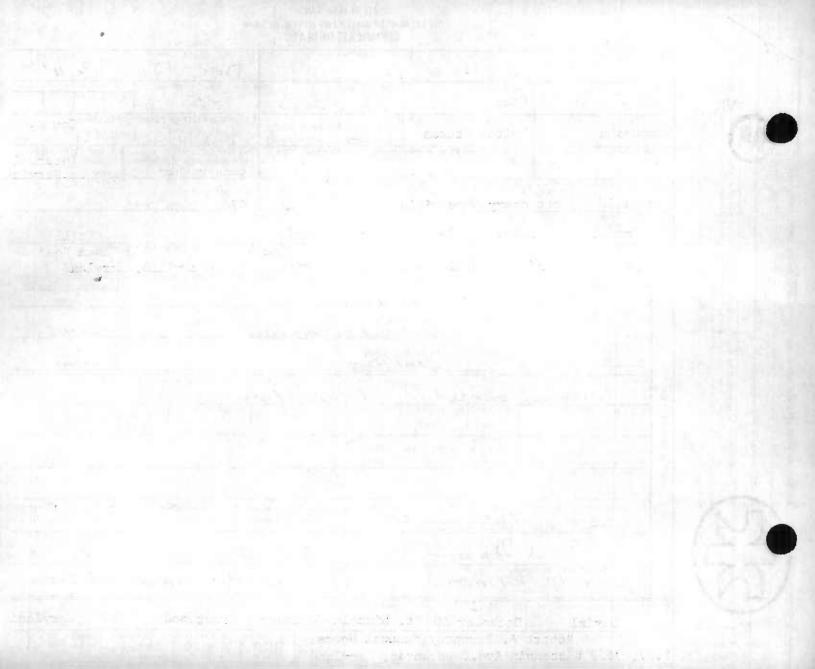
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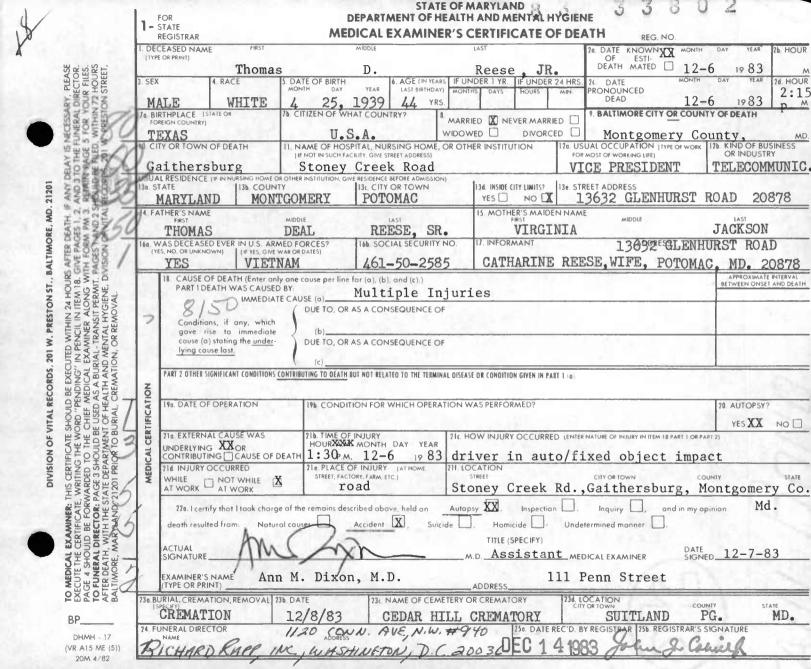
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME MONTH YEAR 26 HOUR TYPE OR PRINTS 83 :30 IF UNDER 24 HRS 6. AGE TIN YEARS LAST BIRTHDAY! IF UNDER I YEAR SEX 4 RACE 5 DATE OF BIRTH MONTH YEAR MONTHS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED New York USA WIDOWED DIVORCED Montgomery NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCUPATION CITY OR TOWN OF DEATH 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ROCKVILLE Potomac Valley Novsin Fed.Gov't .--Engineer DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 36 COUNTY 13c. CITYOR COWN 13d. INSIDE CITY LIMITS? 13.278112DD27th St.N.W YES T NO 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE Rajnic UNK UNK 17 INFORMANT 11707 Greenbane Dr. Potomac. 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN I (IF YES, GIVE WAR OR DATES) Maryland 111 24 127\$ Paul Rajnic (Son) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 190 DATE OF OPERATION 20a AUTOPS 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES NO F 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM B, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21f LOCATION 21e. PLACE OF INJURY 21d. INJURY OCCURRED COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK 22a 1 certify that M (this hospital) attended the deceased from and that it (my) (por) apinion death accurred on the date and hour and from the causes stated e) (did) (did not) view the page after death 77h SIGNATE GREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN I PHYSICIAN MPORTANT: 22d. PHI SICIAN'S NAME (TYPE OR PRINT) ADDRESS should be with the S 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Washington, D.C. (SPECTREMATION 12/8/83 Lee's Crematory BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 50M 7/77 (VR A 15 (4)) Hines/Rinaldi 11800 New Hampshire Ave. \$. S. M.



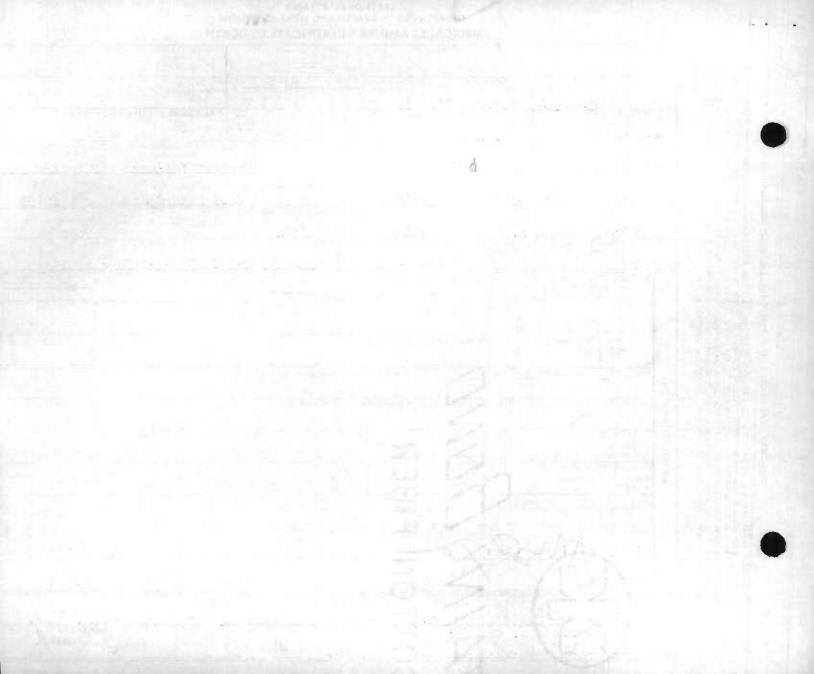
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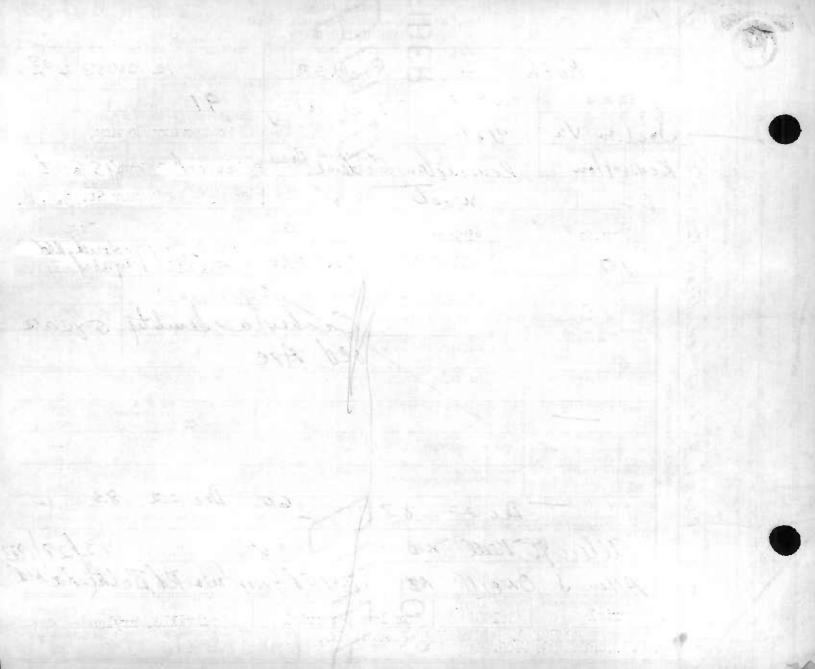


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	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH, WITH	A	EXAMINER'S N (TYPE OR PRINT	AME P	Ann M. Di	xon, M.D.		_ADDRESS_	111 Pe	enn St.	, Balto	., Md	. 21201	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE KNOWN XX WONTH 76. HOUR 2a DATE (TYPE OR PRINT) OF ESTI-DEATH MATED LEONARD RICKETTS 12-21-839 FUNERAL DIRECTO FOR YOUR FILE WITHIN 72 HOUR W. PRESTON STREE 4 RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER IF UNDER 24 HRS 2d HOUR 3. SEX DATE LAST BIRTHDAY) PRONOUNCED 18 19 136 DEAD 12-21-839 6:0 W Feb. Male White Th. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland Montgomery County WIDOWED DIVORCED USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY CITY OR TOWN OF DEATH II, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Bethesda Suburban Hospital Landscaping Parklawn Cem. USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 Md. Montgomery Rockville YES X 718 Schetland St NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William MIDDLE LAST Ricketts Gladys Herman Redmond Irene 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 19377 Cedar Ct. No 220-34-4072 Robert Ricketts Germantown, Md. 2087 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) MEDICAL EXAMINER ALONG W AS A BURIAL-TRANSIT FERMIT BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO THE CHIEF ABOICAL EXAMINER ALONG TO THE CHIEF ABOICAL EXAMINER ALONG THE MEDICAL TRANSIT PENCIL THE REALLY MITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIBNE BALLIMORE, MARNALLY OF REMOVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Neck in jury DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES KX NO 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XOR
CONTRIBUTING CAUSE OF DEATH P.M.12-21-8310 pedestrian struck by an auto 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) Twinbrook Pkwy. & Halpine Street Rockville, Md. NOT WHILE AT WORK street AT WORK Autopsy X 22a. I certify that I took charge of the remains described above, held an and in my apinian Accident XX Homicide Undetermined monner Suicide TITLE (SPECIFY) ACTUAL DATE 12-22-83 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn Street (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Dec.27,183 Parklawn Cemeterv Rockville Montg. Md. BP. A FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE Sandison 316 B. Diamond Avenue **DHMH - 17** Gaithersburg, Md. 20877FC (VR A15 ME (5)) Gartner Sandison F.H. 20M 4/B2

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MAKTLAND STATE DEPARTMENT OF HEALTH

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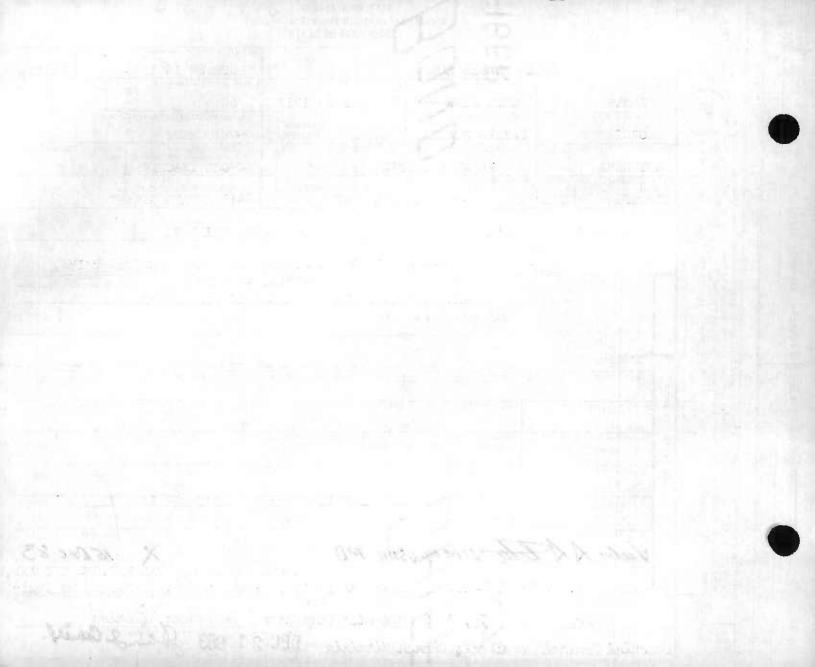
(VRA 15, 4)

During Dec. 21, 1983 Brontwood Cenetery Brentwood new Emissien erent transplant Hone

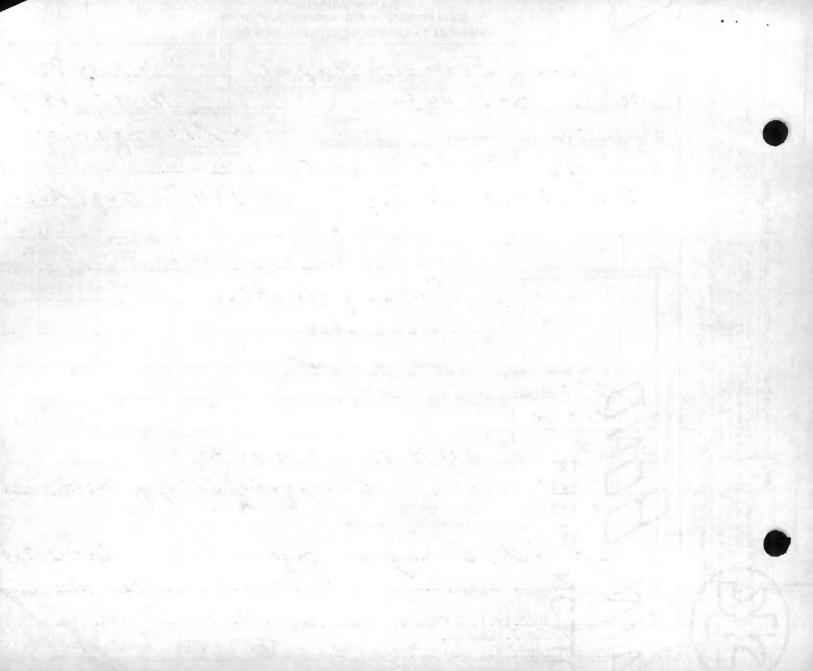
0//	1	FOR		STATE O DEPARTMENT OF HEAI	F MARYLAND	VOIENE 3 3	3 0 9
the X	1-	STATE REGISTRAR		DICAL EXAMINER		EDEATH	
		CEASED NAME FIRST		WIDDLE	LAST	REG. NO.	MONTH DAY YEAR 26 HOUR
W & & & E	(17	PE OR PRINT)	aboris	Marina B	206,000	OF ESTI-	25 10 00
REGERETA	3. SE	X 4. RACE	5. DATE OF BIRTH	6. AGE (IN WARS I	UNDER 1 YR. IF UNDER 2	24 HRS. 2c DATE	MONTH DAY YEAR 24 HOUR
S NECESSARY, PEASE FUNERAL DIRECTOR. E A FOR YOUR FILES. W PRESTON STREET,		1= 181k	June/8		ONTHS DAYS HOURS	MIN PRONOUNCED DEAD	25, 10 63 5M
RAIL RAIL	70. E	IRTHPLACE (STATE OR OREIGN COUNTRY)		HAT COUNTRY?	ARRIED NEVER MARRIE	9. BALTIMORE CITY OF	COUNTY OF DEATH
AND SEE		rginia	U.S.A.		OWED X DIVORCE	- /7 A	2 89 om ery MD.
PIED V	TD. C	ITY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSING HOME, OR (OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE (FOR MOST OF WORKING LIFE)	
PATOTO	1	Jil. Spk	Ho	LY Cross	1400p	Registered Nurs	
D. 21201 I. IF ANY DELAY IS NE. 2. AND 3 TO THE FUN. 3. RETAIN PAGE A. 5. SHOULDRE FILED. AL REGORDS, 201 W.	13a	AL RESIDENCE (IF IN NUMSING YOME STATE 136. COUN	OR OTHER INSTITUTION, G	13c. CVA OF TOWN		13e. STREET ADDRESS	,209/2
APA APA SHOEL REE	4	man 1	1 ont	U1 (Sps	YES NO.	1220 8250	Woodlighwzy
, MD.		ATHER'S NAME	MIDDLE	LADI	15. MOTHER'S MAIDEN	NAME	LAST
S S S S S S S S S S S S S S S S S S S		Joseph Russell WAS DECEASED EVER IN U.S. AR	HED FORCES	166. SOCIAL SECURITY NO.	Helen Eva		
ON ST., BALTIMORE, MD. 24 HOURS AFTER DEATH. IF TIEM 18, GIVE PAGES 1, 2, CONG WITH FORM PAGE PERMIT PAGES 1, PAND 2, 3 SIENE, DIVISION OF WITAL VAL.		YES, NO, OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)				Silver Spring, Md.
PAC GIV		18 CAUSE OF DEATH (Enter of		577-56-3674	Bessie Cor	nellus, IZZU Eas	st-West Highway,
HOURS A HOURS A WA 18. GP NG WITH RMIT. PA ENE, DIVIS		PART I DEATH WAS CAUSE	D BY:	for (0), (b), ond (c).)	Myas	111 1).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST THIN 24 HO CIL IN ITEM ITEM TER ALONG ANSIT PERMI AL HYGIENE,		4291 IMMEDIA	(DUE TO, OR	AS A CONSEQUENCE OF	1000	10 4 15 1 W	.0 -
FEST FIN FIN FIN FIN FIN FIN FIN FIN FIN FIN		Conditions, if ony, which					
W. WING		gove rise to immediate cause (a) stating the <u>under</u>		AS A CONSEQUENCE OF			
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		lying cause lost.	(6)				
L RECORDS, 201 W. PRESTON ST. ULD BE EXECUTED WITHIN 24 HOU "PENDING" IN PENCIL IN ITEM 18 "FE MEDICAL EXAMINER ALONG V ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DI	SEASE OR CONDITION GIVEN IN PART	110	
RECORDS ID BE EXEC PENDING' MEDICAL O AS A BU IEALTH AN CREMATI	N O	100:	ne				
SHOULD OND "PE CHEE A SE USED / IT OF HEE	73	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERATION	WAS PERFORMED?		20. AUTOPSY?
OF VITAL B ATE SHOUL E WORD "PE ID BE USED WENT OF HE	CERTIFICATION	100,	ve				YES NO
PARA MARIA		210. EXTERNAL CAUSE WAS	21b. TIME OF HOUR A.M	FINJURY A. MONTH DAY YEAR	t. HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM 18 PA	(RT 1 OR PART 2)
NO THE CONTRACT OF THE CONTRAC	MEDICAL	CONTRIBUTING CAUSE OF			106,110		
DIVISION S CERTIFIC RITING TH RDED TO SE 3 SHOUL E DEPART	MED	21d INJURY OCCURRED WHILE NOT WHILE		OF INJURY (AT HOME, 21f TORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
D THIS WRENGE TATE		AT WORK AT WORK	-0.07				
NO. NO.		220. I certify that I took chor	ge of the remains de	scribed obave, held on Au	itapsy 🔲, 🧸 Inspection	Inquiry and	in my opinion
EXAMNER. CERTIFICATI ULD BE FOR DIRECTOR: WITH THE:		death resulted fram: Natu	iral causes	Accident , Suicide	, Homicide .	Undetermined monner,	
WAY WAY		ACTUAL	00		TITLE (SPECIFY)		DATE / 7 -19 67
SHORE SHORE	5	SKINATURE	-2	Con	M.D. Dag	MEDICAL EXAMINER	SIGNEDLE C. FD 1783
TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT. BATTIMORE, MARYLAND, 21201 PRIOR TO BU	4	EXAMINER NAME John	S. Rogers	1	ADDRESS_1919 S	Seminary Rd., Sil	lver Spring.Md.
EXE PAG BAL BAL	23 a. E	BURIAL CREMATION REMOVAL		23c. NAME OF CEMETER	337	23d, LOCATION CITY OR TOWN	
BP		SPECIFY) Burial	12/29/83	Lincoln Mer		Suitland.Prin	county STATE
DHMH - 17	24 F	UNERAL DIRECTOR		Washington, D. C	25e. DATE RE	EC'D. BY REGISTOR 256. REGIS	TRAR'S SIGNATURE ,
(VR A15 ME (5))	Mc	Guire Funeral S	Service,74	00 Georgia Ave	.N.W. JANO 3	3 1984 Johns	- lawely
15M 2/80							

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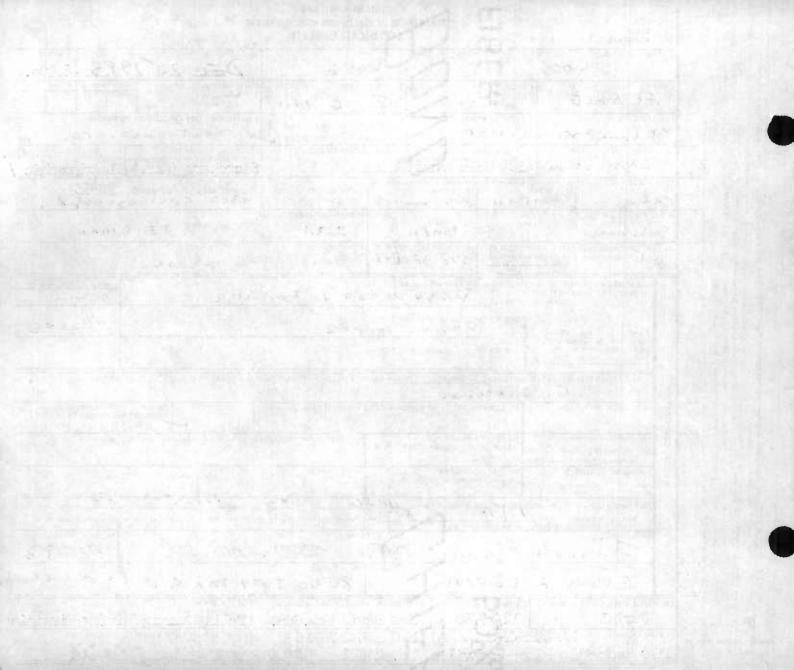
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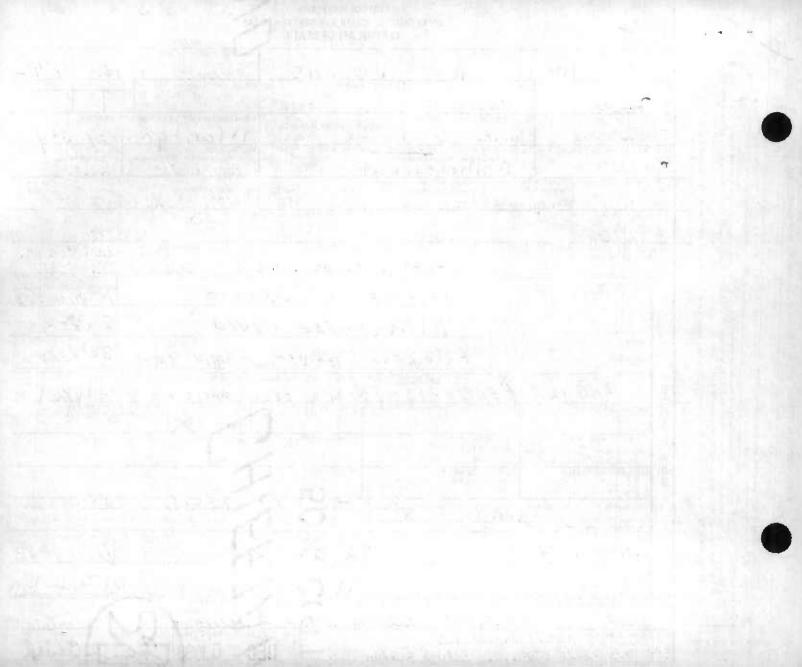
	1.	FOR		TATE OF MARYLAND OF HEALTH AND MENTAL	HYGIENĖ	3 3 8	
/	1 -	STATE REGISTRAR	MEDICAL EXAM	INER'S CERTIFICATE	OF DEATH	REG, NO.	
15		CEASED NAME FIRST	WIDDLE	LAST	20. DATE	HTHOM MONTH	DAY YEAR 26 HOUR
33 55 55 FF	1	Eduir	-Vance	· Pane	OF DEATH	MATED DODE	1410 P 7 P- M
A STATE OF THE STA	3 SE	4 RACE 5. E	DATE OF BIRTH 6. AGE (1	N YEARS A UNDER TYR. IF UND	ER 24 HRS. 2c. DATE	MONTH	DAY YEAR 24 HOUR
NO DIR		mw	20614 49 34	YRS.	DEAD	Bull	5 1983 AM
ESSA ERSA DR Y THIIN	7a B	RTHPLACE (STATE OR 76 REIGN COUNTRY)	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR	RRIED 9 BALTIM	ORE CITY OR COUNT	y OF DEATH
S S S S S S S S S S S S S S S S S S S	Wa	shington, D.C.	U.S.A.		RCED D	unog	omenymo.
FEAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. 12 PAGE 5 FOR YOUR FILES. BE FILED. WITHIN 72 HOURS 56, 201 W. PRESTON STREET,	10 C	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HO	SS)	12a. USUÁL ÖCCUP FOR MOST OF WORK		OR INDUSTRY
A S S S S S S S S S S S S S S S S S S S	USU	Ol (Upgil	MER INSTITUTION, GIVE RESIDENCE BEFORE ADA	2 aD KIVE	Sales -	Cars	Self-Employed
MD 24891 THE IFANTOBEL 1. 2. AND 3 TO M 3 REPAIN P TO 2 SHOULD BE PAID IN PERSON PAID BE	130 S	TATE 136. COUNTY	on to	13d. INSIDE CITY LIMITS?		sphis:	2) 20910
S S S S S S S S S S S S S S S S S S S	14. F.	ATHER'S NAME	OND 1017,0	15. MOTHER'S MAI		LAUICS	70000
		FIRST	A. Roper.	FIRST	Mil	DDLE	Connect Res
N N N N N N N N N N N N N N N N N N N	16a. \	VAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOCIAL SECU	III Voris		ADDRESS 2110	Sponsler Dayton St.
T., BALTIMORE, UNRS AFIER DEAS B. GIVE PAGES WITH FORM PI NT. PAGES LAN E. DIVISION OF	No	ES, NO, OR UNKNOWN) (IF YES, GIVE WAR (219-54-8	3054 Poris S.	Roner		ring. Md. 2090:
ST., B. HOURS A 1B. G WIT. P. WE, DIV		18 CAUSE OF DEATH (Enter only on	ne cause per line far (a), (b), and (c).		roper	suver sp	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON SI N 24 HO N ITEM I ALONG IT PERM YGIENE		PART I DEATH WAS CAUSED BY		anguina	Finn		
W. PRESTON WITHIN 24 H WINER AION TRANSIT PER TRANSIT PER OR REMOVAL		9560	DUE TO, OR AS A CONSEQUEN	CE OF			
VITH VCIL RANNER TAL		Canditians, if any, which gave rise to immediate	(b) (b)	ersolon.	•		
		cause (a) stating the <u>under</u> lying cause last	DUE TO, OR AS A CONSEQUEN	CE OF			
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTI	(c)	TERMINAL MARTINA DA CONTRA LA MINESTE	DARY .		1
RECORDS D BE EXECTED BE EXECTED BE EXECTED BE EXECTED BE EXECTED BE EXECTED BE EXECUTED BE	Z	Non	KINDLING TO GENTLY BOT NOT KEENTED TO THE	TERMINAL DISCASE OF CONDITION GIVEN IN	PAKI I I G		
L RECO	ATI	190. DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED?			20 AUTOPSY?
F VITAL RE SHOULD WORD "PE IN CHIEF A BE USED A BEUSED A BURIAL OF HE	CERTIFICATION	None					YES NO NO
F F S F S Z S		210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY Y	EAR 21c. HOW INJURY OCCUR	RED LENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR PAR	T 2)
ON O THE TO THE HOUSE	MEDICAL	CONTRIBUTING CAUSE OF DEAT	TH Q. 12/4 19	B Car 4	1VISts		
DIVISION SERTIII SERTI	MED	21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOM STREET, FACTORY, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	n con	NTY , STATE
DIVISI CATE, THIS CERT CATE, WRITING FORWARDED OR, PAGE 3 SH HE STATE DEP		AT WORK AT WORK	Mone	Chicago	XV4, 011	vpg /v	ono and
PORTE ND, ND,		22a I certify that I toak charge of	the remains described above, held a		tian . Inquiry	, and in my api	nion
MEDICAL EXAMINER: CUTE THE CERTIFICATE SE 4 SHOULD BE FORE FUREAL DIRECTOR: PUREATH, WITH THE S		death resulted from: Natural co	auses , Accident ,	Suicide , Hamicide	· Undetermined ma	nner .	
ITHE CER SHOULD FALL WITH		ACTUAL /	PAS	TITLE (SPECIFY)		DATE	2-1-1000
SHORT	1	SIGNATURE	. 6	M.D. Dogo	MEDICAL EXAM	INER SIGNE	Red 10 1 113
		EXAMINED NAME TOHN	S. Rogers, M.D.	ADDRESS 1919	Seminary 1	2d Silver	Spring Md
0 A 7 A 8 A	23a.B	URIAL, CREMATION, REMOVAL 236 D		CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUN	
BP		Burial Dec	19,1983 Gate al	Heaven Cemeter	u Silver Si	orina Mont	Md.
DHMH - 17			J. Collins	750. DAT	PREC'D. BY REGISTRA		GNATURE OF CALLED
(VR A15 ME (5))	5	10 University Blue	t. W. Silver Spr	ing. Md.	JEC 23 198	1 John	Ju coming



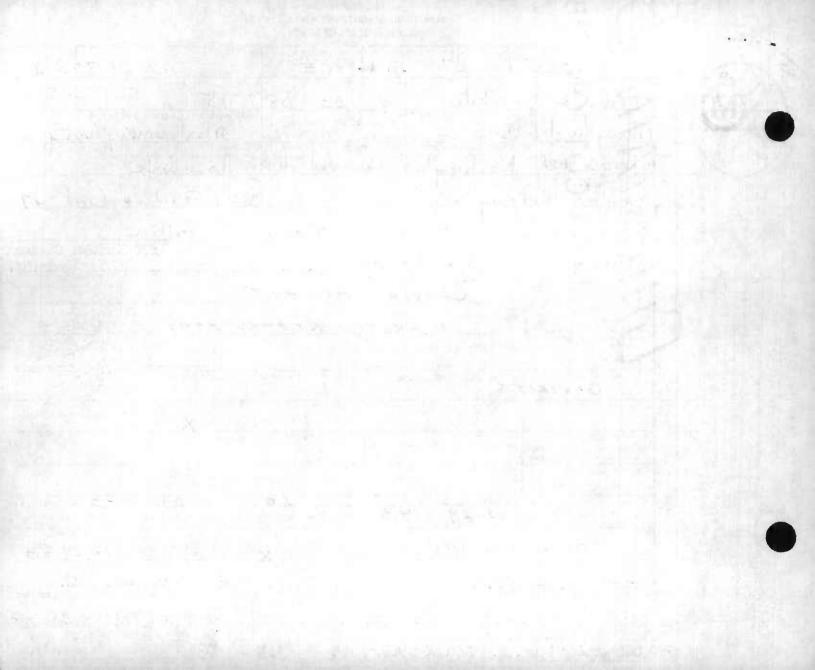
STATE OF MARYLAND



1/	1.	FOR STATE			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY	SIENE	5 5	0 1	3
10		REGISTRAR					ICATE OF DEATH		REG. NO.		
to the		CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DE	ATH MONTH	OAY YEAR	2b. HOUR
may be			re		B	K	ounds	Decamb		1983	11:42Am
or it	3. SEX	(4 RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
age of the state o	1	Female		Car	u Casian	Sept	6 1897	86	YRS.		
nerol direction 72 hours	0	RTHPLACE (STATE OR F		76. CITIZEN OF	WHAT COUNTRY	8. MARRIE	D NEVER MARRIED	9. BALTIMORE	CITY OR COUNT	Y OF DEATH	1
of in 7	Pe	nnsylvania		U.S.A.		WIDOWE	DIVORCED	mo	n+901	mery	CTY MD.
		TY OR TOWN OF DEA	ATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	12a. USUAL OCC	EUPATION		OF BUSINESS OR
S of		ckville		00	Mingsu	000c		Recept	ionist	C.I.	Α
d in be	USU/ 13a. S	AL RESIDENCE (IF NURS	ING HOW DE	NTY	13c. CITY OR TO	RE ADMISSION)	134. INSIDE CITY LIMITS?	13e. STREET ADD	RESS		20814
ND 42 4 9	MA	RYLAND	ALC: USE	nomehu	Rothord		YES 🛣 NO 🗌		Battery	Lane #	403
rithir stely 2 sh	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA		IDDLE	L/	AST
MAI we ed w		William		7710-01	Bower		Julia			Skelly	
MORE, ond co Poges 4.		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT S	on	ADDRESS 981	9 Singl	eton Dr.
IIMO		NO OR UNKNOWN)	(# 155,0	T THE ON DATES	579-40-	7097	Arthur B. Ro	unds	Bethesde	a. Md.	20817
SALT or sicro		18 CAUSE OF DEAT	H (Enter or	nly one couse pe	er line for jg), (b), a	nd (c).)	- 11/ 1	- 0		BETWEEN	XIMATE INTERVAL
Trific rtific phy on po ema even		PART I. DEATH W		TE CAUSE (o)	KESI	IRA	TOKY AR	REST		100	MINUTES
ON S ding ar r		5150		DUE TO, O	OR AS A CONSEQU	JENCE OF_				1	/
PRESTON ne death or emove carb motion, ar r traumotic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. (b) SKONCHOPNEUMONIA 2 WEEKS DUE TO, OR AS A CONSEQUENCE OF PULMONIARY FIBRUSIS BUD EMPHYSEMA 30 YEIRS									
the emo											
thot d by al, cr											
S, 201 ires th gned k in plea burial, iry, or a	-	PART 2. OTHER SIGN	VIFICANT (CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	AINAL DISEASE O	R CONDITION G	VEN IN BART 1	(0)
PRD:	ō	ANG	-INE	PEC	TORL	5:50	DU AMOUS CEL		1000	PHAN	YNX
Become s be s only	ICA	19a. DATE OF OPERA	TION	196 CON	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPS		S, WERE FIND	
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r otherding physicion. Wer this certificate has been sig as the buriol-tronsit permit. Then th and Mental Hygiene prior to b th and Mental Hygiene prior to orked or them 18 shows any injury	CERTIFICATION									ES 🗌	NO 🗌
NITAN: Thysici ficate fronsit Hygis 18 sh	-	210. ACCIDENT WAS UNIT			OF INJURY A.M. MONTH [DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART OR PART 2)	
SICIA SICIA ng pl certif uriol-t	ICAL	(IF EITHER, NOTIFY MEDI	CALEXAMINE	R)	P.M.	19		S 11			
PHY ending this re bu d or	MEDICAL	216. INJURY OCCUR		21e. PLACE (AT HOME, S	E OF INJURY STREET, FACTORY, OFFICE	FARM, ETC)	211. LOCATION STREET	C	TY OR TOWN	COUNTY	STATE
DIVE NATE OF THE		AT WORK AT WO				19/	1/	2 12	- /	da	
ENDIN tal or of OR. Aft		22a. I certify that (I)				0.3	nd that in (my) opinion	2 , to 1/2 ·	-0/	, 19	, that (I) lost
Fig F 2 5 5		sow the decease above, (1) (ma) h	did did ho	t) view the bad	ly after death.			death occurred o	n the date and ha		
0 0 0 0 0		THE SIGNATURE	11 love	20		/1	DEGREE ATTENDING	MEDICAL _	STAFF	22c. DAT	E SIGNED
HOSPITAL ined by th FUNERAL uld be deto h the State		Xardia d	Low	m ()			270 ADDRESS	DIRECTOR	PHYSICIAN [Jec.	1,1903
OSPI ed b the S		PHYSICIAN'S	AME (TYPE	OR PRINT)			MI ADDRESS	N	1.	110	11 12
TO HOSPIT. To FUNER, should be d with the Ste IMPORTAN		4000	Op	1,000	100		M30 010	G0010	20106	XU K	stp W
	23a. 8	BURIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d. LOCATIO	OWN	COUNTY	STATE
BP	24.5	Burial		Dec.5	,1983 A	rlings	ton National	Arling		V	irginia_
DHMH - 16 50M 4/82	24 FL	JNERAL DIRECTOR F	ranci	s J. Co	Ollins, DDRESS.			TE REC'D. BY REG	1	TRAR'S SIGNA	C
(VRA 15, 4)	50	u universi	ty Bl	vd. W.	Silver	Spring	Md	EC 61	3831 %	ande	council



	1.	FOR - STATE REGISTRAR		DEPARTA	STATE OF M MENT OF HEALTH CERTIFICAT	AND MENTAL HYG	ENE 3	3 3		
15 2 m		CEASED NAME E OR PRINT)	BESSIE BESSIE	MIDDLE L.	Ro	ROYCE		12 29	332 A	M
98 4 4 4	3. SE	Femal	Q A RACE	4.00	5 DATE OF BIRT	23 YEAR 8	6. AGE (IN YEARS LAST BIR	HDAY) IF UND	ER 1 YEAR IF UNDER 24	HRS MIN.
		IRTHPLACE (STATE OR FOI COUNT) ITY OR TOWN OF DEAT	d U	OF WHAT COUNTRY? S OF HOSPITAL, NURSIN	WIDOWED	DIVORCED DIVIDITION	9 BALTIMORE CITY O	gomen	((MD.
1201 ours after in by the filed	1	11 100	auch Wa	SUCH FACILITY, GIVE STREET	ADDRESS) Adve	whot Hosp	(TYPE OF WORK FOR MOST O	ORKING LIFE) IN	DUSTRY	- CK
MARYLAND 2120 ed within 24 hours ond 2 should be filled in by ond 2 should be filled in expansion.		Mayland	Montgon		YES	ISIDE CITY LIMITS? NO OTHER'S MAIDEN NAM	ΛE	urtree	Court	4
+ 0-/-			rancis	Bak	er	Mary	WIDELE	Ilin	LAST	P
BALTIMORE one be executed by the second of the medical of the medical of the second of		WAS DECEASED EVER IN YES, NO OR UNKNOWN!	U.S. ARMED FORCE:			ances C. W	ills Daugh	ter Gai	wkins Creathersburg	Md.
W. PRESTON ST., BAI the death certificate y the attending physic e remove carbon pape cremation, or remaval		Conditions, if any, gave rise to imme cause loi, stating	S CAUSED BY: MMEDIATE CAUSE (a) DUE TO which	OR AS A CONSEQUE	NCE OF BETIC	PRRES. NEPH	T ROPATH		approximate interva Between Omset and De	<u>Хтн</u>
ned b	NOI	PART 2 OTHER SIGNI	FICANT CONDITIONS STRITTS	S CONTRIBUTING TO D	<u>DEATH</u> BUT NOT R	ELATED TO THE TERMI	nal disease or con	DITION GIVEN IN	PART Ira	-
The low ricion. e hos bee sit permit. grene prio	CERTIFICATION	190 DATE OF OPERATION		ndition for which			YES NO	IN CERTIFYING YES	E FINDINGS USED CAUSES OF DEATH? NO [?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requirentending physician. Iffer this certificate has been signs the buriol-transit permit. There in and Mental Hygiene prior to be acked or Item 18 strows any injur	MEDICAL CE	21g. ACCIDENT WAS UNDER	USE OF DEATH HOUR	P.M.	AY YEAR		ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART : O	PART 2)	
DIVISION DIVISION OF PHY	WEC	21d INJURY OCCURRE	E T (AT HOME	CE OF INJURY E STREET FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TO	WN CC	DUNTY STAT	TE
ATTENDIN spitol or CTOR: Af for use of of Heoltil		22a.1 certify that (1) (t saw the deceased abave, (1) (we) (dia	this hospitol) ottended alive an/2 d)(did nat) view the bo		83, and that	in (my) (aur) apinian c	eath occurred on the de	19_5 te and hour and	from the causes state) last
HOSPITAL OR A med by the hos by the hos by the hos by the hos by the stocked wid be detocked in the Store Dept.		226. SIGNATURE 226. PHYSICIAN'S NAM	Snac		DEGRE	ATTENDING PHYSICIAN	MEDICAL STAF	F	12.29.8	3
TO HOSPITA retoined by TO FUNERA should be di with the Sto		Margaret 7					Avenue Silv	ver Spriv	ıg, Md.	
BP	23a 1	BURIAL, CREMATION, RI (SPECIFY) Burial		and the second second		RY OR CREMATORY	23d LOCATION CITY OR TOWN	rah Egin	STATE STATE	TE .
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 F	UNERAL DIRECTOR Fr NAME O Universit	ancis J. C	Collins		25a DATE	REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE S. Cahrely	R



SVA TERESTA	
44 - 100	
The state of the s	

SUBJECT THE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

RUBIN

MARRIED ANEVER MARRIED

LAST

5. DATE OF BIRTH MONTH

WIDOWED

August 29

HYG	IENE					
	REG. NO.					ъ
	20. DATE OF DEATH MONTH	DA	Y	YEAR	26. HOL	JR
	December 12	1	98	3	12	P
	6. AGE (IN YEARS LAST BIRTHDAY)	_	UNDE	RIYEAR	IF UNDER	
	68 yrs.		IN LES	DAYS	HOURS	MIN
	9. BALTIMORE CITY OR COUNT	ΥC	F DE	ATH		
	Montgomery,					٨
	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	(EC)	12b.	KIND	181E	Sag
	Buissness Owner		Wa	111	Cove:	rir
S?	13e. STREET ADDRESS					
	732 Whitaker Te	n	cac	e (:	<u> 2090</u>	1)
INA	WE			LAS		
				atz		
	ADDRESS N	lan	.y1	and	208	55
bir	n;17808 October					
4				APPROXI	MATE INTE	RVAL DEAT

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Silver Spring Holy Cross Hospital 136 COUNTY Silver Spring Maryl*a*nd Montgomery YES X 4 FATHER'S NAME 15. MOTHER'S MAIDEN MIDDLE Nathan Rubin Ida 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes 578-05-8526 Phillip Ru 18. CAUSE OF DEATH (Enter only one cause per line forga), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF cesama of Stomach gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. DAY YEAR MONTH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE 220 | certify that (1) (this haspital) attended the deceased from. sow the deceased alive on 2-12-abave, (1) (we) (did) (did nat) view the body after death. 22h. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING 12/12/83 PHYSICIAN [PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS FREDERICK G. BARR, M.D. 106 Irving Street, N.W., #421; Washington, D.C. 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 236. DATE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

should be detach with the State De

MPORTANT

FOR

REGISTRAR

TO BIRTHPLACE (STATE OF FOREIGN

Washington, D.C

FIRST

HENRY

4. RACE

White

U.S.A.

TE CITIZEN OF WHAT COUNTRY?

DECEASED NAME

- STATE

TYPE OR PRINT)

Male

Burial

12/13/83

Adas Israel Cemetery; Washington, D.C. 24 FUNERAL DIRECTOR DANZANSKY-GODLBERG MEM. CHPLS 124 DATE RECD. BY REGISTR (RIVE). REGISTRAR'S SIGNATURE 1170 Rockville Pike; Rockville, Md. 208

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captu deresal Hamping output was the state of the s fill purious de la compactica de la seconda PROBELLY LEED THE PARTY THE TATEOURS.

Rockville, MD Wheeler 14523 Parkvale Road PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Delaware 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Homes, P.A., Bethesda, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

12b. KIND OF BUSINESS OR

Own Home

20817

Fisher

IF UNDER 24 HRS.

12:15pm

1983

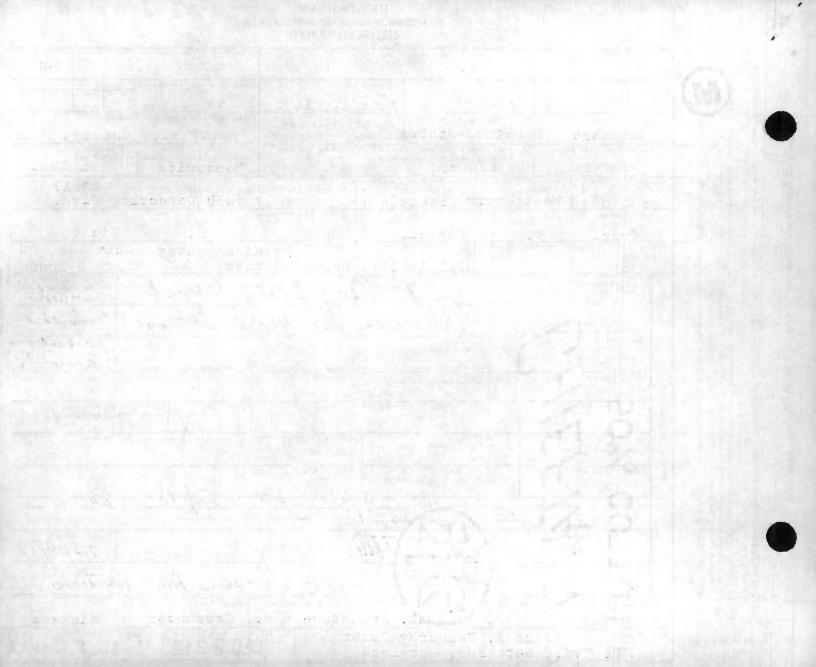
IF UNDER 1 YEAR

INDUSTRY

DHMH - 16 50M 4/82 (VRA 15, 4)

STATE

REGISTRAR



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15	FOR STATE REGISTRAR		DEI	ARTMENT OF	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. NO	3 3	2 0	
oge 3 death	1. DECEASED NAA (TYPE OR PRINT)	Ralph	F.		1mon	December 2	8, 1983	YEAR 2b	:26pm
after d	Male Male		Caucasian			6 AGE (IN YEARS LAST BIRT	YRS	S DAYS HO	OURS MIN
6 15	70 BIRTHPLACE (COUNTRY) Pennsyl	vania	United Sta	tes widowi	DE DIVORCED	9 BALTIMORE CITY O	County		MD
1/5	Rockvill	е	Shady Grove	Adventi		120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O GOV 't Emp	on 12 Fworking life) IN Loyee (kind of Ri idustry HE Govern	W.US lmént
spond sylving is	Maryland 14 FATHER'S NAM	Mont	ROTHER INSTITUTION, GIVE RESIDENCE NTY 134. CITY OF ROCKY	E BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YES XX NO 15 MOTHER'S MAIDEN N	732 Anderso	on Avenu	e (208	50)
31	Reube	n	Sali	non	Florence	MIDOLE	55	Steele)
s. Poges	YES, NO OR UNKN	ED EVER IN U.S. A IOWN) (IF YES, GIV	/E WAR OR DATES)	SECURITY NO.	Sarah E.	Salmon, s			
pose remove caroanpupe al, cremotion, ar remaval ir other troumotic event, tl	Canditions, gave rise cause (a	EATH WAS CAUS	due to, or as a con (b) Ruptur	Acu SEQUENCE OF e of Low	te Peritonit er Esophagus ching From M		agus	APPROXIMATE BETWEEN ONSE 10 Da 10 Da	ıys
injury, a		ic Smoker		e Alcoho	1 Intake				
haws an	12/1	8/1983	Rupture of		us	200 AUTOPSY?	20b. IF YES, WEI	CAUSES OF	
Aental Hy Item 18 s	OR CONTRIBU	T WAS UNDERLYING [TING CAUSE OF DE TIFY MEDICAL EXAMINES		H DAY YEAR	211. LOCATION	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 C	R PART 2)	
Oskedo	WHILE AT WORK	NOT WHILE AT WORK	{AT HOME, STREET, FACTORY, (OFFICE, FARM, ETC.)	STREET	CITY OR TOV	'N CC	YIMU	STATE
O C mo	220 I certify saw the above,	that (I) (this hose deceased give a (I) (we) (tild) (d/d n	December 2	8 ^m Dec.	18, 19.83 nd that in (my) (aur) apiniar	, to <u>Dec2</u> a death occurred on the do	198 nte and hour and	, 11101	(1) (we) last ies stated
State Dept	224 PHYSIC	URE JAN'S D'AME (TYP	2/ June -	Chur	DEGREE ATTENDING PHYSICIAN 2 122e. ADDRESS	MEDICAL STAF CORRECTOR PHYSIC		ec. 28	, 1983
IMPORTANT:	L	Alberto M	Nunez, MD		8218 Wiscons	sin Avenue,	Bethesda		
, 5			30,1983	Metropo:	emetery or crematory Litan Cremato	ory Alexandr	ia,Virgi	ñia	STATE
A 1/76	24 FUNERAL DIRE	CTOR ROBER P.A.,	T A. PUMPHREY ROCKVILLE,MAR	FUNERAL YLAND		THE REC'D. BY REGISTRAN	25b. REGISTRAR'S	SIGNATURE	neigh

	1	FOR STATE REGISTRAR		DI	EPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	SIENE REG. N	3 3 3	2 1
2 74		CEASED NAME E OR PRINT)	Alfred	MIDDLE	SAL	YER.		6, 1983	AR 26 HOUR
pe 4 may ecto, pag 11 after de	3, 56	BJAM	4 RACE	STIH	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1	YEAR IF UNDER 24 I
ment for	1	IRTHPLACE (STATE OR FO COUNTRY) New Jersey	υ	S.A.	MARRII WIDOW	ED NEVER MARRIED DED DIVORCED	9 BALTIMORE CITY		
00	1	TY OR TOWN OF DEAT	(IF NOT I	0010 Wi	ldwood R	OR OTHER INSTITUTION	120 USUAŁ OCCUPAT (TYPE OF WORK FOR MOST C ACCOUNTAL	OF WORKING LIFE) INDUS	ND OF BUSINESS
(1)	1.3u. :	AL RESIDENCE IN NURSIN TATE	G HOME OR OTHER INSTITU 36 COUNTY Montgomer	113c CITY C		13d. INSIDE CITY LIMITS? YES A NO	13 SIREET ADDRESS 10010 Wil	dwood Rd.	20895
ord 25	14. F.	ATHER'S NAME FIRST Edward	MIDDLE	Saly	AST 'er	15. MOTHER'S MAIDEN NA FIRST Annie		Herdman	LAST
n and c	160	WAS DECEASED EVER IN YES, NO. OR UNKNOWN)	U.S. ARMED FORCE	(23	03-5586	17 INFORMANT Marjorie	ADDRI Saunders,	Item 13	
oth certificate inding physic corbon pape is, or removal motic event, if		4140	S CAUSEĎ BY: MMEDIATE CAUSE (d DUE TO	O, OR AS A COM	Card		rest ruscleros		PROXIMATE INTERVA VEEN ONSET AND DE
quires that the de signed by the att her please remarks bury, or other tray	NK	Canditians, if any, gave rise ta imme cause (a), stating underlying cause PART 2 OTHER SIGN!	diate the DUE TO	O, OR AS A COM	NSEQUENCE OF	NOT RELATED TO THE TERM			RI 110
to low or to been to been to be to b	CERTIFICATION	190 DATE OF OPERATION	ON 196 CC	ONDITION FOR	WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FILIN CERTIFYING CALL	NDINGS USED JSES OF DEATH NO
SCIAN OF Physics of Ph		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH HOUS	R A.M. MON'	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PAR	T 2)
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OR ATTENDIN r hopping or DRECTOR Att ther for set or Spt. of Health flem 21 a mor		220.1 certify that (1) (\$\frac{1}{2}\$ saw the deceosed abave, (1) (\infty) (dic	his hospital) attended alive an Des	- 4	19 \$3 0	nd that in (my) local aprinian DEGREE		ate and hour and Iram 22c. D	the causes state
O HOSPITAL recined by the O FUNERAL hould be detu		22d PHYSICIAN'S NAM		ber	Lei	8218 W	MEDICAL STAI DIRECTOR PHYSIC	md.	3=1hes
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OHMH - 16 50M 1/81 (VRA 15, 4)	24 F	NAOLIN L.	Moleswort	h, P.A.	Damasci	is, Md. DEC	1 4 1983		NATURE

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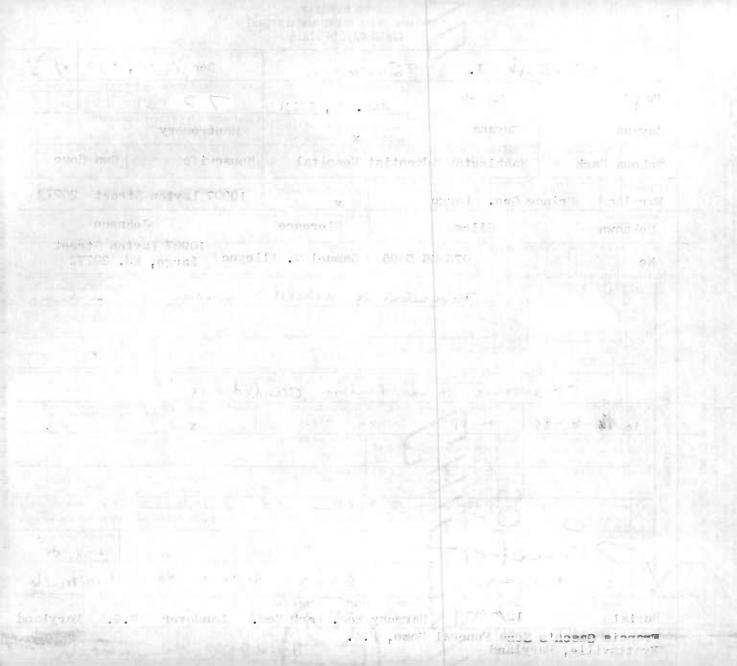
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

Hvattsville, Maryland

(VRA 15, 4)



Bethesda, Maryland

STATE OF MARYLAND

Ives-Pearson F. H. Arlington, Va. 22201

STATE OF MARYLAND

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ge 4 mo	3. SE	Male		4 RACE Whit	te	5. DATE O		6. AGE (IN YEARS LAST BI	YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
deoth. Po	1	RTHPLACE (STATE OR F COUNTRY) Iew York		U.S		MARRIE		9. BALTIMORE CITY O	mery		MD.
by the filled will	Ch	ty or town of DEA		4450 S	CH FACILITY, GIVE STRE	venue	PROTHER INSTITUTION #404	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST Reporter	ION OF WORKING L	126 KIND C INDUSTRY	Congress
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ompletely and 2 sh	14. FA	Morris		MIDDLE	Schneid	er	15 MOTHER'S MAIDEN NA	WE		Levi	ne
n ond co	16a V	VAS DECEASED EVER		MED FORCES? E WAR OR DATES!	577-64		Martha B. Sc	ADDR hneider 445		Chevy (Park Av	Chase Md.
equires that the dean signed by the otte. Then please remove r to burial, cremation injury, or other troum	CERTIFICATION	Conditions, if any, gove rise to imm couse (o), statin underlying couse PART 2 OTHER SIGN Cerebro	nediate g the last.	(c)	OR AS A CONSEQUENCE ON TRIBUTING TO SEASE,	DEATH BUT	NOT RELATED TO THE TERM		IDITION GI	VEN IN PART 10	0'
The low rection. e has been sit permit. giene prior		19a. DATE OF OPERAT				H OPERATIO	YES NO NO			FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO	
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TAL OR ATTENDING P y the hospital or after that DIRECTOR: After the detached for use as the detached for use of the different of Health and the firm 21 is marked	W	while NOT WE AT WOR 220.1 certify that (1) sow the decease obave (1) we to 22b. SIGNATURE	this hospiral of the did did no	Dec.	be deceased from y after death.	Nov 85	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN		O ote and had	19_83_,	that (1) (we) lost causes stated SIGNED
O HOSPI trained b O FUNE hould be with the Si	22- (Neil All	Lan Ci	rane M	. D.	Alams Of C	5480 Wisc.	Ave. Chevy		e, Md.	20815
BP		urial, cremation, remation	KEMOVAL	12/3			EMETERY OR CREMATORY			ontgome	
DHMH - 16 50M 4/82 (VRA 15, 4)	-	oseph Gawl	er's	Sons In	nc. Was	30 Wisoshingto	on, D.C.	JAN 5 198	256. REGIS	TRAR'S SIGNAT	Caucif

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FOR

- STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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DANZANSKY-GOLDBERG MEM CHP, INC....

FOR

REGISTRAR

DECEASED NAME

- STATE

(TYPE OR PRINT)

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG NO

2b. HOUR

12h. KIND OF BUSINESS OR

APARTMENTS

IF UNDER 1 YEAR

INDUSTRY

FLAD

YES [

COUNTY

COUNTY

22c DATE SIGNED

20009 HOB HILL

GAITHERSBURG MD.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

2 HOUR

YEAR

NO [

STATE

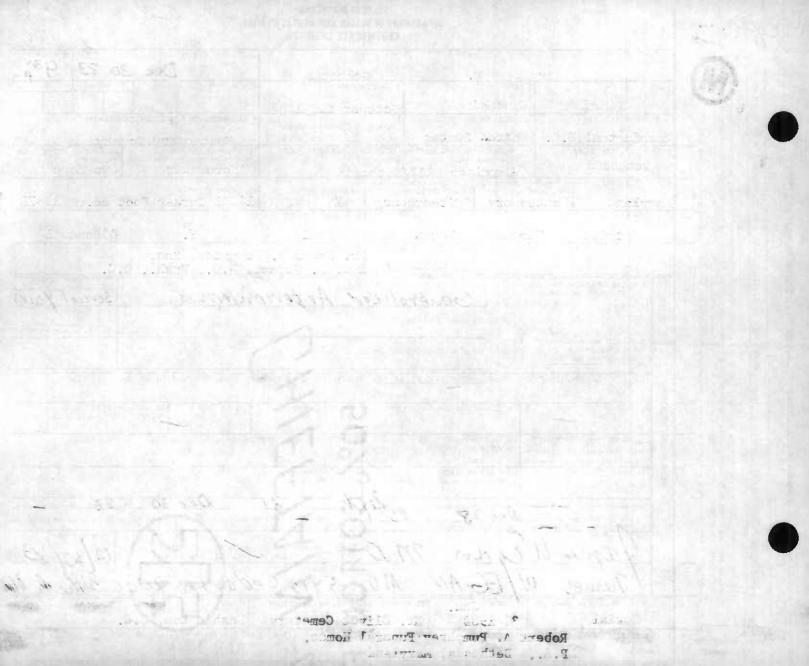
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IF UNDER 24 HRS

20. DATE OF DEATH MONTH

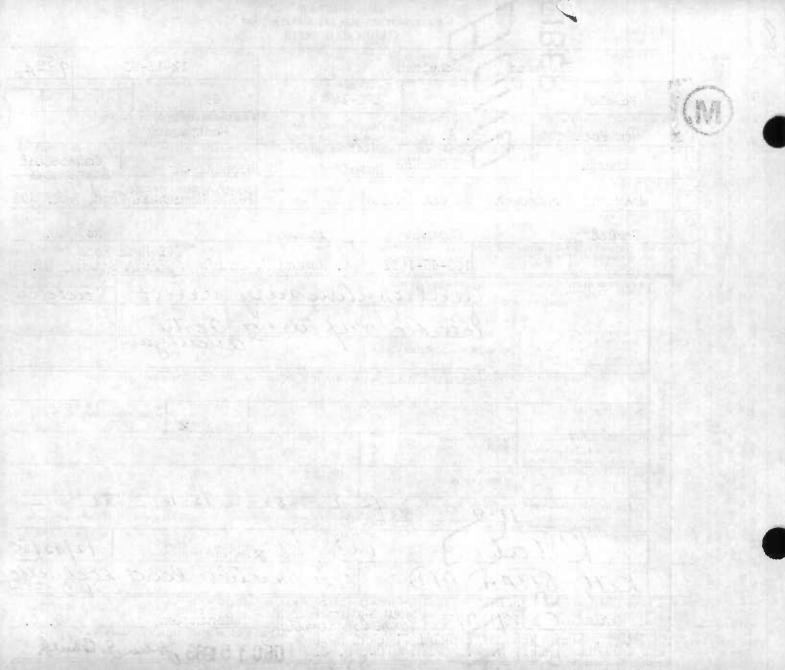
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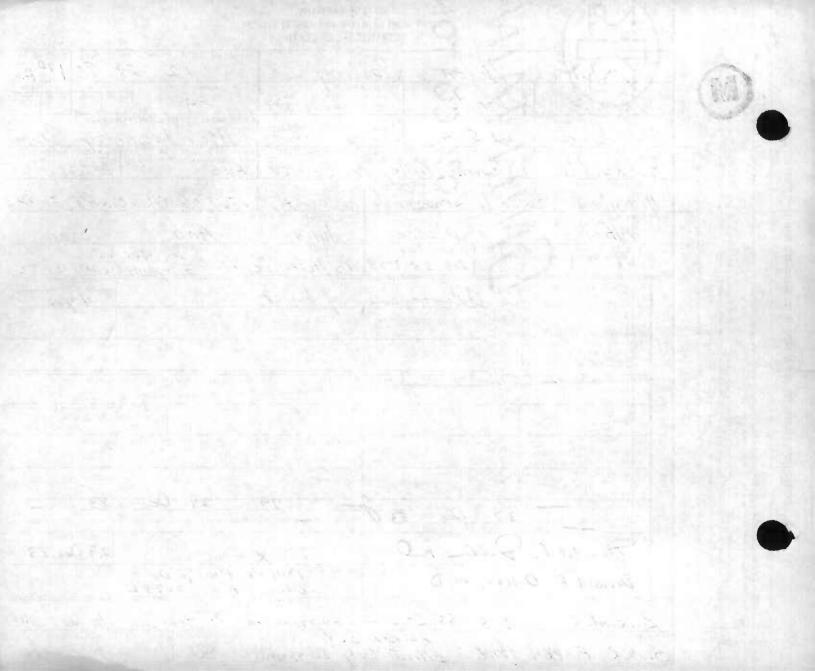
(VRA 15, 4)



(VRA 15, 4)

STATE OF MARYLAND



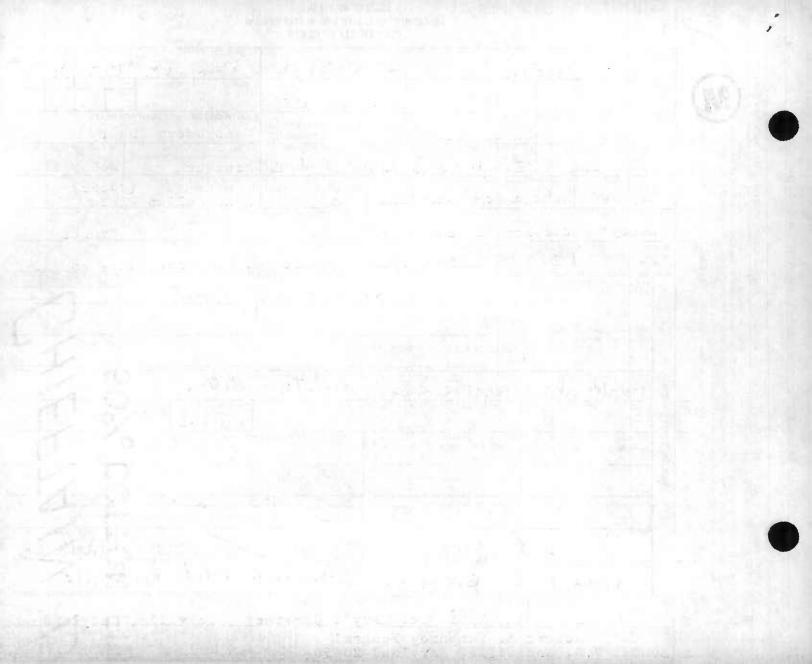


A	1	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	8 3
/\		CEASED NAME FIRST	MIDDLE	LAST A LA LA LA		PAY YEAR 26. HOUR
y be	N_	JAMES COWARD		SHANNON	12-26-	83 1820 PM
rector. po	3. SI	Male	White	5. DATE OF BIRTH OCT. 28, 1924	59 YRS.	IF UNDER LYEAR IF UNDER 24 HRS
deoth. Po	10.8 Z	irithplace (state or foreign 76. Country) awtocket R.I	US A	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY MONT GOR	
ofter of the full	2 R		NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A	GHOME OR OTHER INSTITUTION DOBESSE ADV. HOSPITUL	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY NIN
AND 212 n 24 hour	5 130	AL RESIDENCE IF NURSING HOME OR OTHE STATE 13h COUNTY Maryland Montgo	13c. CITY OR TOWI	YES NO		and hane 4
MARYL ted within ompletely ond 2 s	0	ATHER'S NAME FIRST HUGH MIDDI	5HANNON	15 MOTHER'S MAIDEN NAM FIRST MARGARA	ET MIDDLE	MITH
be executor on ond or s. Poges 1		WAS DECEASED EVER IN U.S. ARMED (YES, NO OR UNKNOWN) (IF YES, GIVE WA			hannon-wife Pot	mac, Md. 20854
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of ottending physician. The low requires that effection ond completely filled in by as the buriol-transit permit. Then please remove carbon papers: Pages 1 and 2 should be fill the and Mental Hygiene prior to buriol, cremation, or removal.		18 CAUSE OF DEATH (Enter only or PART I. DEATH WAS CAUSED BY IMMEDIATE CO. Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.		PHEMONIES PIRATORY AR	ARREST	BETWEEN ONSET AND DEATH 24 HRS 5MIN
requires the signed are signed. Then plead or to burion injury, or	NOI	PART 2 OTHER SIGNIFICANT CONI ALCOHOL INTO	DITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERM THANOL 388M9,	INAL BISEASE OR CONDITION GIVE	
The low cian. e hos bee sit permit giene price.	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES	WERE FINDINGS USED YING CAUSES OF DEATH?
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DIVISION DING PHYS or ottendir After this ce of the bu olth ond M morked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.)	CITY OR TOWN	COUNTY STATE
TTEND or USE for USE of Heal	0	22a.1 certify the (1) this hospital) faw the deceased alive on above (1) we) (did) (sid no)) vie		7	to Dec 26., Ideoth occurred on the date and hour	ond from the couses stated
HOSPITAL OR ATTEN med by the hospital FUNERAL DIRECTOR uid be detached for u the Store Dept. of H ORTANT: if them?	1	27d PHYSICIAN'S NAME (TYPE OF PRIN	Down	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	12/27/83
TO HOSPITAL retoined by 11 TO FUNERAL should be det with the Stole MAPORTANE		MARK BIRNS	S, MD	9715 MEDICA	GRDR \$00,	ROCKVILLE, MD
BP	73a	I SPECIEV)		unt St. Mary's Ceme.	23d. LOCATION CITY OF TOWN Pawtveket	COUNTY TELEPAN
DHMH - 16 50M 4/83		UNERAL DIRECTOR	ADDRESS	250, DAT	E REC'D. BY REGISTRAR 256. RECISTE	RAR'S SIGNATURE
(VRA 15, 4)	n	. W. Chambers Co	0.8655 Georgia	Ave., SS. Md zogrove	11 4 1904	and removed

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	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO.	3 3 2
e de		CEASED NAME FIRST E OR PRINT) MARTI	HA M.	SHAW	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR 9:25 M
ge 4 mo)	3. SE	Y-EMALE	NHITE	S. DATE OF BIRTH MONTH DAY AUG. 21 1896	6 AGE (IN YEARS LAST BIRTHDAY) 87 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS, MIN.
deeth. Fo	h	SASHINGTON D.C	b. CITIZEN OF WHAT COUNTRY? U.S.A	WIDOWED DIVORCED	9 BALTIMORE CHY OR COUNT MONTH OF	Y OF DEATH FRY MD
The state of the s	GA	AITHERS BURE	FRANCIS ASBE	BY HEALTH CENTER	120 USUAL OCCUPATION ITYPE OF YORK FOR MOST OF WORKING L HOME MAKER	IFE) INDUSTRY
n 24 ho	13a.	M) MON	OTHER INSTITUTION GIVE RESIDENCE BEFOR 131. CITY OR TOV CAUTHEAS	BUCG YES NO	13e. STREET ADDRESS 301 KUSSELL	AVE 20877
CAP	1	HOMER	IDDLE MELI		MIDDLE	CRANDALL
Wy /			NED FORCES? 166. SOCIAL SECTION STATES	15 BERTHA M	1. MELICK RT.	2 HANCEEK MR
a that the death certific ed by the otherding physical cremation, or remain or other traumatic even		Conditions, if ony, which gove rise to immediate couse (ol.) storing the underlying cause last.	DUE TO, OR AS A CONSEQU	V	ne	1 ang
he fav. regaine do. has been sign. s permit. Then ig ere prior to bu	TIFICATION	PART 2. OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TERA	19s. AUTOPSY 19b. IF YE	S. WERE FINDINGS USED FYING CAUSES OF DEATH! ES NO
rsician i fing physics s certificate burial thans Mental Hyg Mental Hyg	MEDICAL CERT	21a: ACCIDENT WAS UNDERLYING OR CONTRIBUTING CALCER OF DEAT (IF STITLE, NOTE) MEDICAL EXAMINATE 21d. PAJURY OCCURRED	JIS TIME OF INJURY HOUR A.M. MONTH D P.M. ZIA PLACE OF INJURY	AY YEAR 19 21t LOCATION	RRED (SMITER HATURE OF PHILES VIEW IN.	PART I OM PART TO
ENDING Photo of the state of the state of the state of the Health and Health and Health and Health and State of the state	ME	white ar work Ar gook 27s. I certify that (i) (this baspies sow the processed alive on	EAT HOME, STREET, FACTORY, OFFICE.	AAN ETC STREET	L 10 CITY CRISTIAN	STATE STATE
TAL OR ATT y the hospit Ral DisECTO detached for one Dept. of UT. If Nem 21	2	obove of these (did) (all not) 775. SIGNATURE	week the body after glass 3	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED.
O FUNERA Hould be d		THE PHYSICIAN'S NAME (TYPE OF	VARD 6,	116 POB's NWO	OS, Bother	DA nox1-
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	Dec 16. 1983 a	Name OF COMETERY OR CREMATORY Plengton National Com	Ly Willington	COUNTY
VRA 15, 4)	24 F	UNERAL DIRECTOR	Office 300 BESS	Yand WALLER ACTION	171 9 1983 REGISTRAPITA REGIS	TRAR'S SIGNATURE

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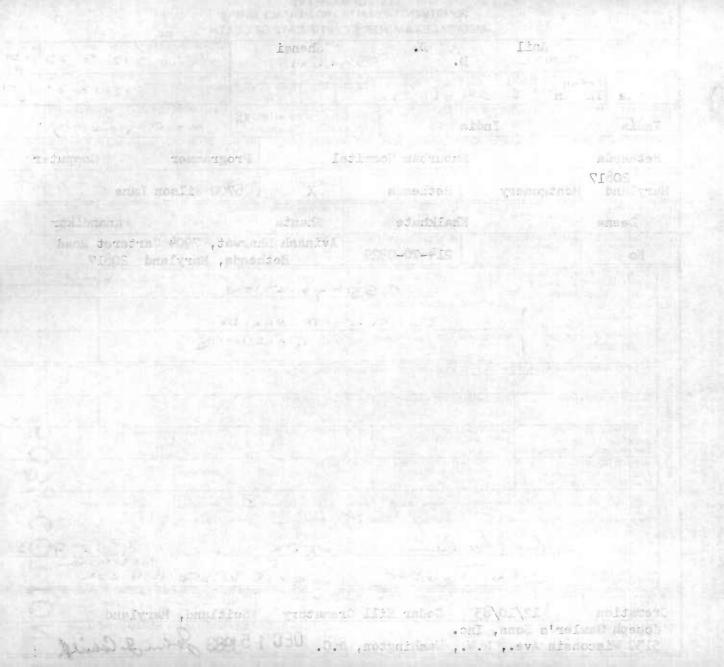
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSKCIAN: The low requires that the death certificate be executed within 24 hours or attending physician. When this certificate has been signed by the attending physician and sempletely filled in by as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled than Amental Hygiene prior to burial, cremation, or removal. orked or them 18 shows any injury, or other troumatic event, the medical manufer, must be accepted as the medical manufer.		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	INCE OF	Degeneration NOT RELATED TO THE TERM	IINAL DISEASE OR CONF	DITION GIVEN	APPROXIMATE BETWEEN ONSE		
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₽₽ ₽₩¥ BP	23a	BURIAL, CREMATION REMOVA (SPECIFY) BURIAL	DEC . 2	28,1983 H	IEBREI	EMETERY OR CREMATORY FRIENDSHIP	23d. LOCATION CITY OF TOWN BALTIMO)RE	OUNTY MARYI	STATE	
DHMH - 16 50M 4/B2	24. F	UNERAL DIRECTOR SOL	LEVINSON	F BROS.	INC.	25e. DAT	REC'D. BY REGISTRAR	Solan	2 Can	ich	

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4	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 3 3 7
X)	1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
(1	I. DECEASED NAME FIRST MIDDLE LAST 20 DATE KNOWN 12 MONTH DAY YEAR 26 HOUR
Marin XI F	XXXXXXXXX Mr John Richard Sherbert, Jr. OF ESTI- DEATH MATED 12 18 83 1:13ai
A CHOM	B. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS, IF UNDER 1 YR. IF UNDER 24 HRS., 12). DATE MONTH DAY YEAR 124 HOUR
ON ST	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED
A DIRECT PORTS PON ST	fiale white 12 15 22 61 YRS. DEAD 12 18 83 19 (1:13a)
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NEGES STORE	Washington DC USA WIDOWED & DIVORCED Montgomery County MD. CITY OR TOWN OF DEATH ALL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 120 KIND OF BUSINESS
2 H R H R H	(IF NOT IN SUCH FACRITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY
202 26	Takoma Park Washington Adventist HOspital General Manager Const. IND
FANY DE RETAIN PER PETAIN	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE - 130. COUNTY 130. CITY OR TOWN 130. INSIDE (ITY LIMITS? 130. STREET ADDRESS
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A 12.8.2.3.2.	14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME
	John R. Sherbert, Sr. Bessie Griffith
0 20 8/0	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
L. BALTIMORE. URS AFTER DES B. GIVE PAGES WITH FORM P IT. PAGES I AM DIVISION OF	JES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
L., BALTI URS AFTI 18. GIVE WITH R UIT. PAGE	Yes WWII ,577-14-0861 John R. Sherbert III
1. N 8. W 1. W	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:
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DIVISION OF VITAL RECORDS, 201 W. PRESTON: S GERIFICATE SHOULD BE EXECUTED WITHIN 24 H RITING THE WORD "PENDING" IN PENCIL IN ITEM ROED TO THE CHIEF MEDICAL EXAMINER ALONE RES 3 SHOULD BE USED AS A BURRAL. TRANSIT PER E DEPARTMENTOF HEALTH AND MENTAL HYGIEN OI PREME TO BURRAL. CREMATION, OR REMOUVAL	
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ME MUETS	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,
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¥\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	SIGNATORE M.D. MEDICAL EXAMINER SIGNATOR /8/1700
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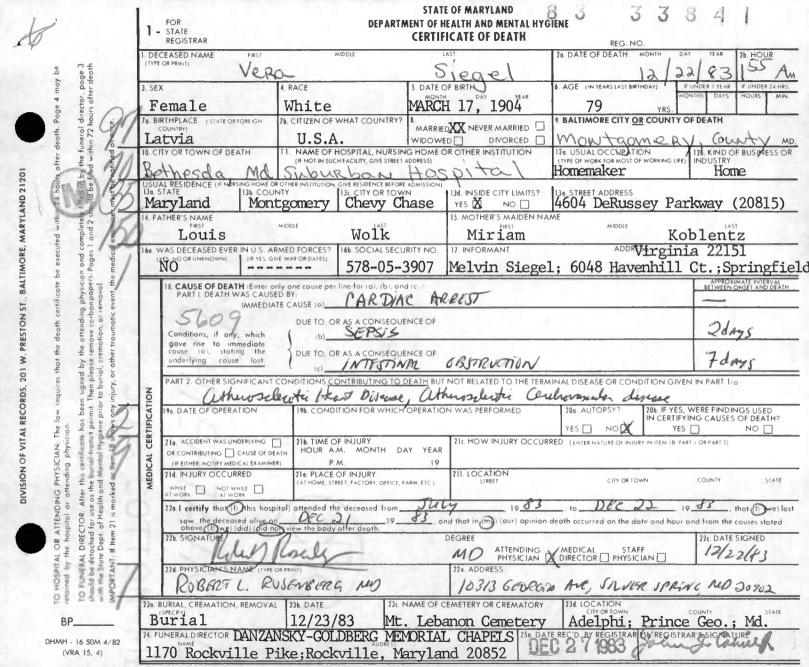
STATE OF MARYLAND

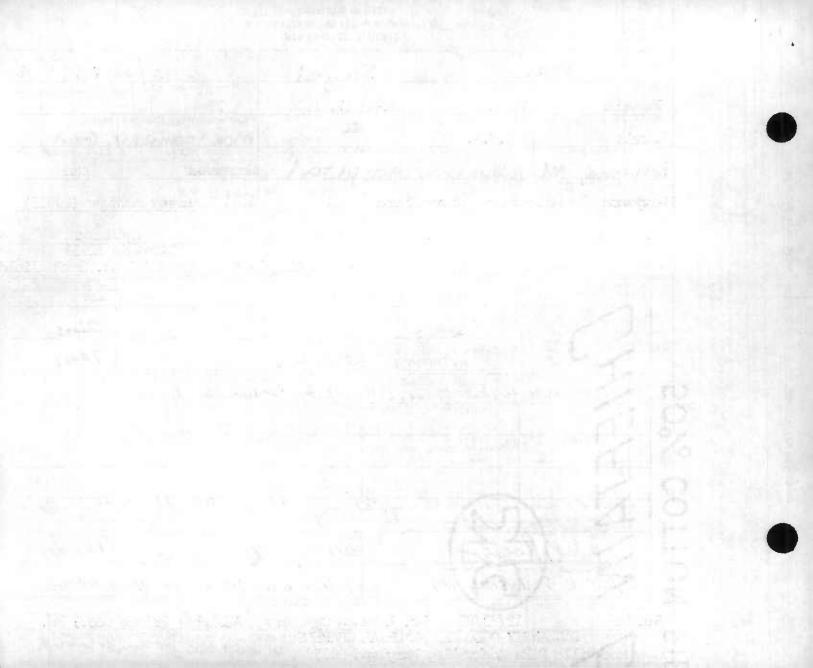
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AND SON	10 C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 129. USUAL OCCUPATION (12) FOR WORK 1218. KIND OF BUSINESS
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当5.5mg/T	NIC11	(211. 2111 Nagh Alvent-Hesp play + Stounds.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 BE: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFFER DEATH. IF ANY DELAY IS NECESSARY, PLEASE ATE, WRITING THE WORD."PENDING", IN PENCIL IN TEM 18. GIVE PAGES 1. 2, AND 3TO THE FUNERAL DIRECTOR. OWEWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5. FOR YOUR FILES. RS. PAGE 3 SHOULD BE USED AS A BURAL. TRANSIT PERMIT. PAGES 1 AND 2. SHOULD BE FILED, WITHIN 72 HOURS. IN STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS, 201 W. PRESTON STREET, UP. 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	130. 5	AL RESIDENCE (IF IN NURSING HOME OR OTHER MISSITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 138. STREET ADDRESS, 139. STREET ADDRESS, 130. CITY LIMITS?
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ATE, NE, PER		220 I certify that I taak charge of the remains described above, held on Autopsy , Inspection Inquiry , and in my apinion
EXAMINER: CERTIFICATI JUD BE FOR DIRECTOR: WITH THE S		death resulted from: Natural causes Accident . Suicide . Hamicide . Undetermined manner .
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ON SECTION OF THE PROPERTY OF	7	EX-MINER'S NAME
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW PAFFER DEATH, WITH THE STERM PAFFER DEATH PAFFER	22- 5	TYPE OR PRINT)ADDRESS
		Dog 20 h000 res
BP	1/1	The Branch Home
DHMH-17	V	754 Carroll St. N. W. D. Company Registrar's Signature
(VR A15 ME (5)) 15M 2/80	1	DEC 30 1983 John Johnson

Thomaster Simpat you to Tarry 149-05 Tell Roberton M. Harmake (Hige)

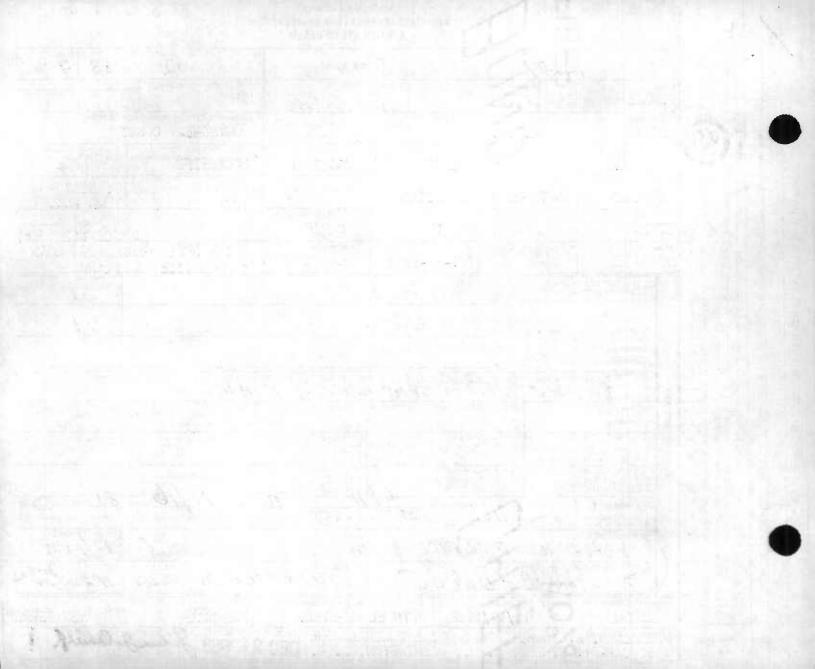




STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MIDDLE DECEASED NAME 2a. DATE KNOWN DO (TYPE OR PRINT) Alfred. DEATH MATED SEX 4 RACE AGE (IN YEARS DATE LAST BIRTHDAY PRONOUNCED 4) Tan Mag MARRIED NEVER MARRIED Massachuesetts IISA IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Inventory Super. Draper Lab STATE Middlesex FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LASI Anthony Siekman Mary Danner 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 011 09 7011 Mary Macko, 1901 Mica Dr., Silver Spring APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG. CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO P 21a EXTERNAL CAUSE WAS 716 TIME OF INTURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 21f LOCATION 21d INJURY OCCURRED NOT WHILE STREET, FACTORY, FARM ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK 22a. I certify that I taak charge of the remains described obave, held an Autopsy Inspection Inquiry and in my opinian death resulted fram: Natural causes Homicide Undetermined manner TO MEDICAL EXAMI
EXECUTE THE CERTIFI
PAGE 4 SHOULD BE
TO FUNERAL DIRECT
AFTER DEATH, WITH
BALTHMORE, MARYL TITLE (SPECIFY) SIGNALLI MEDICAL EXAMINER MINER'S NAME 1919 Seminary Rd., Sil.Sp., Md. John S. Rogers, M.D. ADDRES 23d LOCATION 23g.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Westview Cemetey Lexington, Mass. Dec. 28, 83 24 FUNERAL DIRECTOR **DHMH - 17** Arlington Funeral Home, Arlington, Va. (VR A15 ME (5)) 20M 4/82

CONTRACTOR AND THE ANDRESS OF THE PROPERTY OF of teneous Functions of the Landon, Va.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH 2b HOUR LIYPE OR PRINTS TIMUN MARY AGE IN YEARS LAST BIRTHDAYL IF UNDER TYEAR IF UNDER 24 HRS. 3. SEX 4. RACE 5. DATE OF BIRTH MONTH YEAR FEMALE WHITE 95 MARCH 1888 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MONTGOMERY COUNTY RUSSTA U.S.A WIDOWED 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR CITY OR TOWN OF DEATH HOUSEWIFF WORKING LIFE "DRYSTRY HOME HOME OF GREATER WASHINGTON ROCKVILLE 130.STREET ADDRESS / ZIP CODEAPT. N207 MARYLAND MONTGOMERY 13d INSIDE CITY LIMITS? ROCKVILLE NO [12000 OLD GEORGETOWN ROAD 15. MOTHER'S MAIDEN NAME JASI 20852 LOUIS FIRST TERRY SARAH (UNASCERTAINABLE) 16b SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 1200000515D GEORGETOWN ROAD NO YES, NO OR UNKNOWN (IE YES, GIVE WAR OR DATES) HAROLD SIMON. 141-10-5088 ROCKUTLIF MARYLAND APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c),) PART I. DEATH WAS CAUSED BY: NEUMONTA IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a TYPERTENSION CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIEY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, EACTORY, OFFICE, EARM, ETC) NOT WHILE 220.1 certify that (1) (this hospital) attended the eleceosed from 19.07 and that in(my) our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 77¢ DATE SIGNED 6/15MBERG ATTENDING MEDICAL STAFF Mh DIRECTOR PHYSICIAN GEORGIA AN SILVEN 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION THE BURIAL CREMATION, REMOVAL BURTAL 12/19/1983 BETH EL CEMETERY DUNAL DEGIN STEIN HEBREW MEMORIAL FUNERAL HOME DEC 22 1983 DHMH - 16 50M 4/83 232 CARROLL STREET, N. W., WASHINGTON, D. C. (VRA 15, 4)



Rockville Maryland

(VRA 15, 4)

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11 -	STATE OF MARYLAND 8 3 3 3 8 4
11/2	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
10	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
1	1. DECEASED NAME Harold Lestie Simpson 20 Date known Month Day Year 26 HOUR
W442-	(TYPE OR PRINT) OF ESTI- DEATH MATED PICE 246 FX
A FEED W	1. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH DAY YEAR 24 HOUR
(事情)	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DE 28 19 PAN
A SPER	2. PIDTADIA CE ISLATE OP TA CITIZEN OF WHAT COLINTONS
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2, 40, 50	(IF NOT IN SUCH FACKLES ONE STREET ADDINGS) FOR MOST OF WORKING LIFE! OR INDUSTRY
200 A	Programmer W.M.A.T.A.
2 SEE 23	UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 STATE 136 COUNTY 136, CITY OR TOWN 136 INSIDE CITY LIMITS? 12-STREET ADDRESS ,
SE SEEDED	M& Mont. TelePark YESTE NO 1 367/304 LVE LING.4
g Thinks	14 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST
E SE	Andrew Leslie Simpson Emma J. Clager
0 08000	WAS DECEMBED THE BUILD ADDRESS AND COCKED THE COCKED TO ADDRESS
E EAX.88	Yes WIII 160-12-4921 Mr. Paul SimpsonPittsburg. Pa.1523
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MAY AND MAY	Canditions, if any, which
RAPE STATE	gove rise to immediate (b)
¥ V#AFENO	cause (a) stating the <u>under-</u> lying cause last. DUE TO, OR AS A CONSEQUENCE OF
# PANAGO	(ϵ)
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S S S S S S S S S S S S S S S S S S S	WHILE NOT WHILE STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE
217 PAC	
SH S S S S S	220. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . Inquiry . ond in my apinian
A HELDER HANN	death resulted fram: Natural causes . Accident ., Suicide ., Homicide . Undetermined manner .
AN WHEN AN	TITLE (SPECIFY)
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DHMH - 17 (VR A15 ME (5))	Takoma Fun'l Home, Inc. Wash. D.C. 20012 JAN 5 1984
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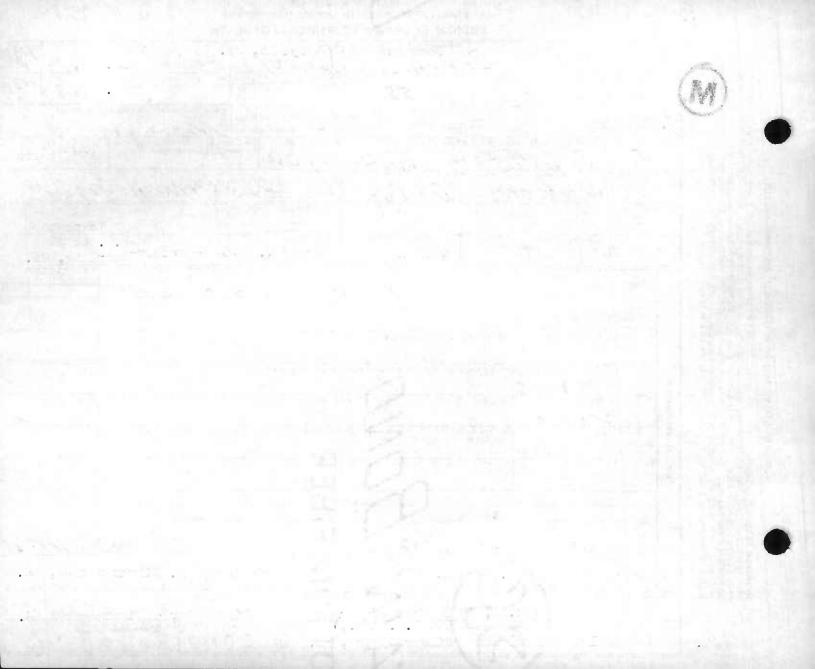
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filled hould b		ruland	Montgomeru	Olney		YES NO	4112 Charley	Forest Street
Z z z k	14. F	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME	LAST
- 0 - / -		Leslie	R.	Bradsh		Louise		Evans
Poges medicol		VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	? 16b. SOCIAL SECL	JRITY NO.	17. INFORMANT	ADDRESS	
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OR / DORE Ocheo Dept		22b. SIGNATURE	λ.	n P		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
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5 of 5 of 8		BURIAL, CREMATION,	REMOVAL 236. DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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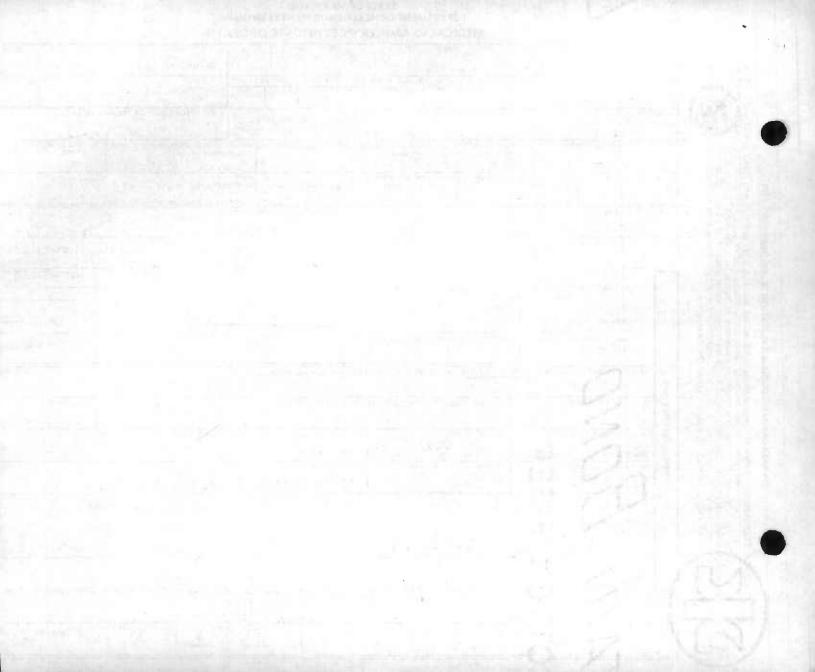
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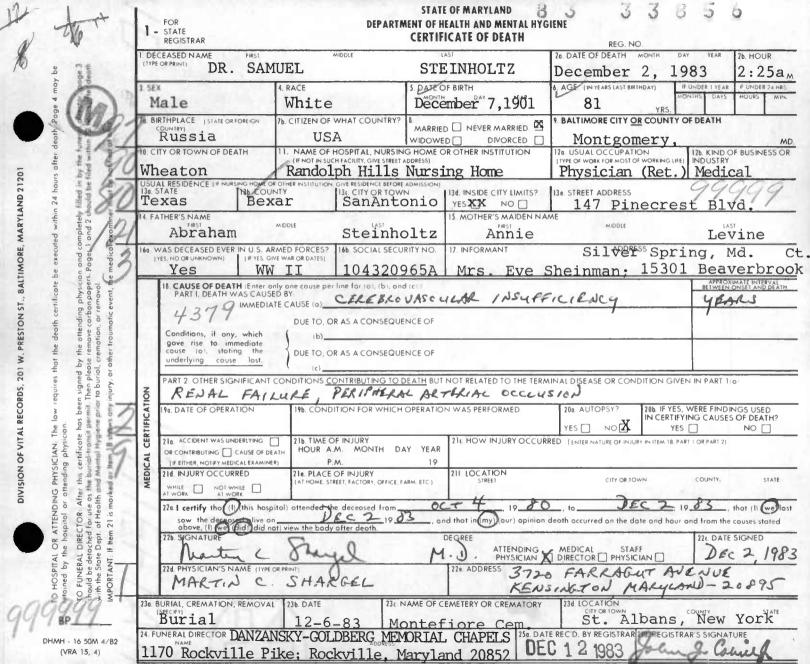
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L	70 BI	RTHPLACE (STATE OR KOMA TRYPARK.	76. CITIZEN OF WHAT COUNTRY	8 MARRIED NEVER MA	9. BALTIMORE CITY	OR COUNTY OF DEATH	P
5			U. S. A.		ORCED Montgomery	y County	MD.
2	10. CI	Md TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME, OR OTHER INSTITUTION	120 USUAL OCCUPATION (TO	YPE OF WORK 12b. KIND OF BUSIN OR INDUSTRY	ESS
10	1 S	ilver Spring	(auto) 8312 Gre		General Con	tractor.	
0	115UA		OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	O 134 STREET ADDRESS	2091	7
a		ryland.	g. Silve	r Springues No		ille Rd.	
18		ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MA	AIDEN NAME MIDDLE	7 1 1/ LAST	
67	V	Paul Stamate	es	Mary	Se	ckell.	
	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	SECURITY NO. 17. INFORMANT	ADDRES		
/		7/10	1st Vias	laster. Paul St.	amates. (Bro	ther) 120	
./		18 CASS OF DEATH (Enter on PART I DEATH WAS CAUSE	ly one cause per line far (a), (b), an	d (c).)		APPROXIMATE INTE	
AL.	1		TE CAUSE (a) Cerebral	hemorrhage			
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BAJTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		4310	DUE TO, OR AS A CONSEC	DUENCE OF			
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5		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF			
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			ge of the remains described obove, I			and in my apinian	
ZY.		death resulted fram: Natur	ral causes X, Accident	, Suicide , Hamicide .	Undetermined monner	,	
3		ACTUAL MAAG	NA.	M.D. ASSISTA	nt	DATE SIGNED 12-8-83	
IZ	7	SIGNATURE	7	M.D. M331310	MEDICAL EXAMINER	SIGNED 12-0-03	
1	Y	EXAMINER'S NAME	M.Dixon, M.D.	1000ccc 111	Penn St., Balto	o. Md. 21201	
7	730 8			E OF CEMETERY OR CREMATORY	1736. LOCATION	U., MU. 21201	=
	1		Dec. 12, 1983	George Washing	ton Riggs Roa	ad, P. G. Co.	Md
	24/F	WERAN DIRECTOR		75a. DA		GISTRAR'S SIGNATURE	
(5))	V.		Takoma Funera: 254 Carroll St		1 4 1983 John	& Capiel	
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IMO	PAGE 1	16a \	ES, NO, OR UNKNO	D EVER IN U.S. AR	F WAR OR DATES)	16b. SOCIA	L SECURITY N	IO. 17. INF	ORMANT (Mothe	r)	ADDRESS -	15101	LSou	thlav
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2	UTED WITHI IN PENCIL EXAMINER IAL - TRANS O MENTAL ON, OR REA		lying car		DUE 10, C	OR AS A CONSE	QUENCE OF								
5,2	S. LECU		PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT BELATER	TO THE TERMINA	DISTACE OR CON	OITION CIVER IN	BART 1					
OR	BE EXECTED BY WEDING AND	Z	· · · · · · · · · · · · · · · · · · ·		CONTRIBUTION TO BEX	- COT NOT KEEKIEO	TO THE TERMINA	L OISEASE ON COM	OITION GITEN IN	PAKI I IO					
M	T CHEAL AND	¥	19a. DATE OF	OPERATION	19b. CONI	DITION FOR WH	HICH OPERAT	ION WAS PER	FORMED?					20 AUTOPSY	?
IAI	SHOULD ORD "PEL OR LE A SE USED A SURIAL, O	IFIC												YES .	NO 🗆
7-V	ATE SHE WENTER TO BE	CERTIFICATION		AL CAUSE WAS		OF INJURY	AV VEAR	21c HOW INJ	URY OCCUR	RED (ENTER NAT	URE OF INJUR	Y IN ITEM 18 PA	RT 1 OR PART 2		
NO	NG THE W NG THE W D TO THE SHOULD I		UNDERLYING	S LALOR NG CAUSE OF		.m. 12/?	19 83	unkno	wn						
VISIO	SERTING TING 3 SH 3 SH PRIC	MEDICAL	21d. INJURY			E OF INJURY (21f. LOCATION	N		LITY OR TOWN		- COUNT		STATE
ā	A ARRIS	>	AT WORK	NOT WHILE		ome		12400	Good	Hill R			, Md.	*	SIAIE
	EXAMINER: THIS CER CERTIFICATE, WRITIN DULD BE FORWARDED UNITH THE STATE DEF MARYLAND, 21201 PR		22a. I cert	fy that I taak char	ge of the remains d	lescribed abave	, held an	Autapsy XX	, Inspect	ian .	Inquiry [and and	in my apını	on	
	NA PER PER S		death result	ed Morp: Natu	ural causes .	Accident	Suicie	ве 🔲 . н	amicide .		nined mann				
	DIRE WIT			1110.0	A	1.1/	0 0	TITI	LE (SPECIFY)						
	KE KE KE		ACTUAL SIGNATURE	MULIN	sue in	MIM	11	M.D. Ac	sistan	t MEDIC	AL EXAMIN	IER	DATE SIGNED_	12-2-	83
	A S A S A S A S A S A S A S A S A S A S	1	EXAMINER'S	NAME					,	11 D	0.5				
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V. PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STANDARD SHOWN ON THE SHOWN O	00	(TYPE OR PRI	NI) Mar	rgarita A			ADDRE		11 Pen		eet			
	1/0/	73a.B	SPECIFY)	TION, REMOVAL		23c. NA/	WE OF CEWE.	TERY OR CREA	MATORY	23d. LOC	TOWN		COUNTY	5	TATE
	BP_701	24. F	UNERAL DIREC	rial	Dec. 7	1983 Sumphre	Gate	of He	aven 25a. DAM	SIL	Ver	Sprin	RAR'S SIG	Mary 1	and
	DHMH - 17 (VR A15 ME (5))		NAME				-			JEU 7	198	3 0	way	1	wy
	(-11)	116	omes,	I.A.	Rockvill	e. Mar	cyland					U			



STATE OF MARYLAND

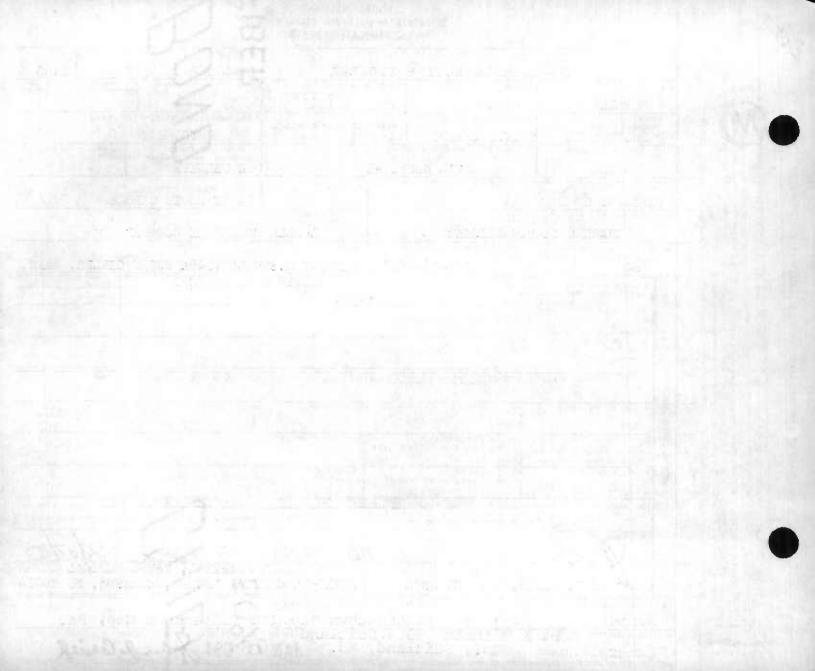


1		1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY		G. NO.		
7			CEASED NAME	FIRST	,	MIDDLE	U	AST	20. DATE OF DEA	TH MONTH	DAY YEAR	2b. HOUR
	be oth	CITE	Lee	eta			Steph	enson	December	10, 198	33	10.40 P
	10000	3. SE			RACE	-	5. DATE O	F BIRTH	6. AGE (IN YEARS L		IF UNDER 1 YEAR	IF UNDER 24 HRS
	1		Lemale	0	Caucasi	ian	Sent	. 10, 1897	86	145.0	NONTHS DAYS	HOURS MIN.
	IIMI.	10.8	RTHPLACE (STATE OR FORE			WHAT COUNTRY?	B			YRS.	OF DEATH	
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7	9 31 9		ITY OR TOWN OF DEATH		NAME OF H	OSPITAL, NURSIN	G HOME O	R OTHER INSTITUTION	120 USUAL OCC	PATION MOST OF WORKING LIFE	12b. KIND O	F BUSINESS OR
201	The same of the sa	B	etheodo	13	Sub	un ban	700	epital	Housev	NOST OF WORKING LIFE	Own H	~
IND 21	filled in auld be	13a.	AL RESIDENCE (IF NURSING	NOME OR OTH		GIVE RESIDENCE BEFORE 13c. CITY OR TOW ashingto	N	136. INSIDE CITY LIMITS?	3524 P	Street,	N.W.	20007
3ALA	ithin 2 sh	14. F	ATHER'S NAME	MIDI		LAST		15 MOTHER'S MAIDEN N	AME			
MA	w ped w	1	Miles	MIDI	DIE	Burden		Margaret	MID	B ₁	racken	1
wi e	ecute es -		VAS DECEASED EVER IN			16b SOCIAL SECU	RITY NO.	17 INFORMANT	Α	DDRESS		
WO	Pog Pog	1	NO OR UNKNOWN)	IF YES, GIVE W	AR OR DATES)	509-48-8	3068	Guy L. Good	win Son Sa	ame as 1	3e	
ALT	sicion pers.		18 CAUSE OF DEATH II PART I. DEATH WAS	Enter only a	ne couse del	-						MATE INTERVAL
F-,	physici anpaper emaval.		PART I. DEATH WAS	CAUSED B	Y:	preen	emo	2 (Jano	reste		M	T
S	5 in the in	1	1579	MEDIAIL		R AS A CONSEQUE					1/11	pulls.
STO	death attend ave ca itian, o		Canditions, if any, w	hich ((b)	R AS A CONSEQUE	NCEOF				-	
OC.	the a ema emot	1	gave rise to immed		DUE TO OF	R AS A CONSEQUE	NICE OF					
≥	by t by t Bse r I, cre athe			last.	(c)	R AS A CONSEQUE	NCE OF					
. 20	n pled		PART 2 OTHER SIGNIFI	ICANT CON		ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR	CONDITION GIV	EN IN PART III	
RDS	n sig	ON N										
RECORDS	Month of the	CERTIFICATION	19a DATE OF OPERATIO	N	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY	20b. IF YES	, WERE FINDIN	GS USED
	the liene liene	∤ ≣							YES NO		S [NO [
DIVISION OF VITAL	hysicide icote ronsid Hygin Hygin		21a. ACCIDENT WAS UNDERL		216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE C	FINJURY IN ITEM 18 PA	ART 1 OR PART 2)	
Ö	IYSICIA ding pl is certif burial-t Mental	N N	OR CONTRIBUTING CAUS		#.		19					
O	PHYSICIA planting pla	MEDICAL	21d INJURY OCCURRED		21s. PLACE O	OF INJURY	an atom	211 LOCATION	CITY	OR TOWN	COUNTY	STATE
<u>></u>	offer the state of	>	WHILE NOT WHILE		1-1-1-10/11	er Cracion, Gener, 1		1- 03		1.0	0.3	01472
0	A A A A A A A A A A A A A A A A A A A		22s.f certify thorast (th	is haspitali	attended the	deceased from	12	17 1900	, to 10	110	19 80	hat (we) last
	TO CIT		you the displaced	glive on	ow the body	filter cleate	3 0	d that in our) opinion	death accurred on t	the date and hour	and from the	auses stated
	2 0 0 0	1	ADDONE SERVICE LINES									
	hospit hospit iRECT ihed fo rept. of them 2 I	1	72 SIGNATURE	4	4	1./	1/	1999 110 6	H. Wm.	Killer	22c. DATE	SIGNED
	AL OR ATT the hospit AL DIRECTO letached for ite Dept. of	1		ain	et	Legge	uli	TENDING HYSICIAN	H, Wm.	STAFF TYSICIAN MI	22c. DATE	SIGNED /83
	SPITAL OR ATT d by the haspir NERAL DIRECTO be detached for e State Dept. af TANT: # Hem 21	1	224 PAY CIA S NAME	ain	et	elegra	uli	PTE ADJORGES	H. Wm. MEDICAL DIRECTOR PH		- 12	11/83
	HOSPITAL OR ATT ained by the hospit S FUNERAL DIRECTO ould be detached for th the State Dept. of PORTANT: If them 21		22 SIGNATURE	ain	et	elegra	ul i	RELIGION AND ADDRESS OF THE SECOND ADDRESS O			- 12	11/83
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799	HWHO HOSPITAL OR ATT HOSPITAL OR ATT HOSPITAL OR ATT TO FUNERAL DIRECT With the State Dept. of MADRIANT, if Hem 21		THE PROPERTY OF THE PROPERTY O	aine I	Pitzger	rald, M.D.	tropo	8218 Wisco METERY OR CREMATORY litan Cremat	nsin Ave.	Betheso	da, Md.	20814 giniä ^{tt}

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STATE OF MARYLAND

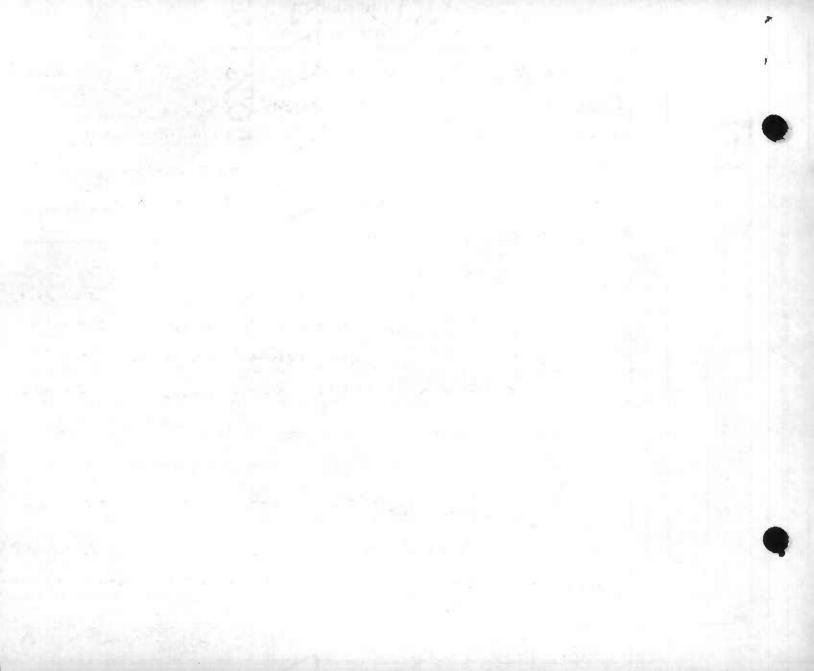


	1 - 3	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYGI ICATE OF DEATH	IENE 3	3 3 6	0
	DECE	ASED NAME DAB	BEY	WIDDLE	trics!	RICHARTZ	20. DATE OF DEATH	MONTH DAY YES	10.110011 17
M)	SEX	emale	90	rite	5. DATE O	DAY YEAD	6. AGE (IN YEARS LAST BIRT)	YRS.	DAYS HOURS MIN.
97	Po	HPLACE ISTATE OR FOREIGN UNITRY)	U.S	WHAT COUNTRY?	WIDOW		9. BALTIMORE CITY OF Montgor	nery (a	until-MD.
100	Sil	ORTOWN OF DEATH	2 Hole	UCH EXCULITY GIVE STREET	HOS	prother institution	HOUSEWIFE	WORKING LIFE) 12b. KIN INDUS U	NO OF BUSINESS OR
97	D.	C. 13h Eq	OR OTHER INSTITUTION PUNTY 20	136. CITY OR TOW WASHINGT	N	YES X NO 🗆	13e. STREET ADDRESS 67 UNDERWO	OOD PLACE	9999 N. W.
		HER'S NAME AVY	WIDDLE	Zarnov	ysky	unknown	AE MIDDLE		LAST
medico)		AS DECEASED EVER IN U.S. 5, NO OR UNKNOWN) (IF YES	ARMED FORCES?	579-12-0		DANIEL STR	ICHARTZ, WAS	UNDERWOOD	PLACE, N. (
or to burior, cremorion, y injury, or other froum		Cerebr	DUE TO	OR AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR COND	DITION GIVEN IN PAR	
5	CERTIFICATION	90. DATE OF OPERATION	196. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOT	IN CERTIFYING CAN	
or Hem	EDICAL	RIG. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (1F FITHER, NOTIFY MEDICAL EXAMPLE, NOTIFY OCCURRED)	DEATH HOUR	OF INJURY A.M. MONTH D P.M. E OF INJURY STREET, FACTORY, OFFICE, F	19	211. LOCATION STREET	CITY OR TOV		
VI: If them 21 is morked		WHITE NOT WHITE 1 AT WORK 1 120. I certify that (I) (this has the decended always to be comed always to be	I not usew the boy	1-		, 19 , 19 , 19 , 19 , 19 , 19 , 19 , 19	, to	774. D	2, that (1) (we) last in the couses stated
IMPORTANT		CIAN'S NAME (TO	BenA	cki	40	220 ADDRESS 4/1/5 Ce	1 0 1	Whee	tong my
2		RIAL, CREMATION, REMOV	72/4/			EBANON CEMETE	RY ADELPHI	PRINCENTY GEORGE'S	MARYLAND
M 4/B2		NALDREMOR STEIL		MEMORIAL	FUNER	AL HOME DEC	7 1983		held

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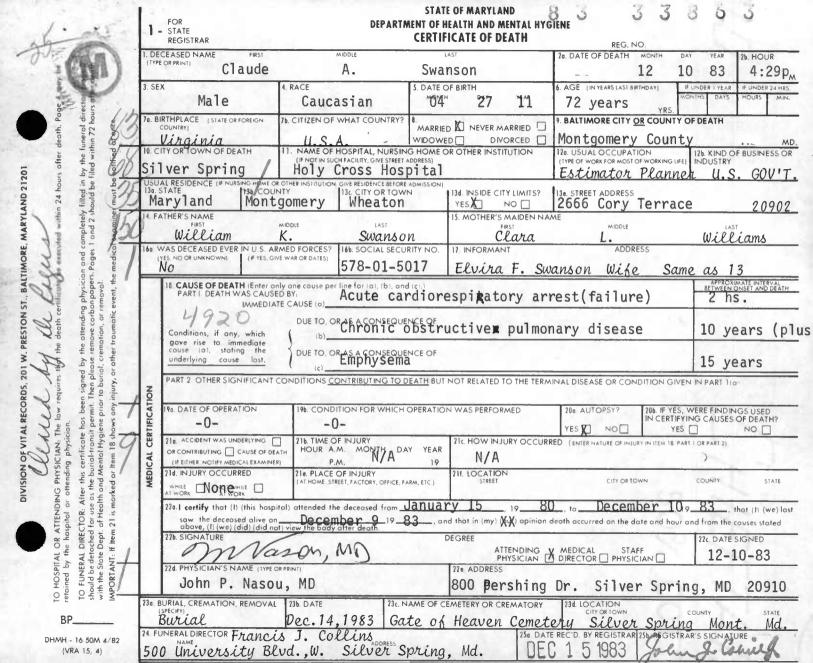
DEPARTMENT OF HEALTH AND MENTAL HYGIERE - STATE CERTIFICATE OF DEATH DECEASED NAME Caucasian 1883 100 Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MW 760MERY UIRGIIVIA DIVORCED [WIDOWED TO 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION KOUT CLERK Government WODDL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 Maryland Montgomery Potomac 10203 Gainsborough Road 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Maria 60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (IE YES, GIVE WAR OR DATES) Willis S. Holland, same as #13 216-46-0211 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: 5 MINUTE CARDIAC IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF EBRICLATION Canditians, if ony, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF 1-2- HRS CORONARY ARTERY underlying OCCCUSIONI CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 CERTIFICATION 20 YEART 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [71a ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 22a. I certify that (1) (this haspital) attended the deceased from sow the deceased alive an_ . ond that in (mx) (our) opinian death accurred on the date and haur and fram the couses stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN TORECTOR PHYSICIAN should be GEORGIA AVE, SILVERSPRING, MD 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Dec. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 29, 1983 Bethel Cemetery Alexandria, Virginia 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 (VR A 15 (41) Homes, P.A. Bethesda, Maryland

STATE OF MARYLAND



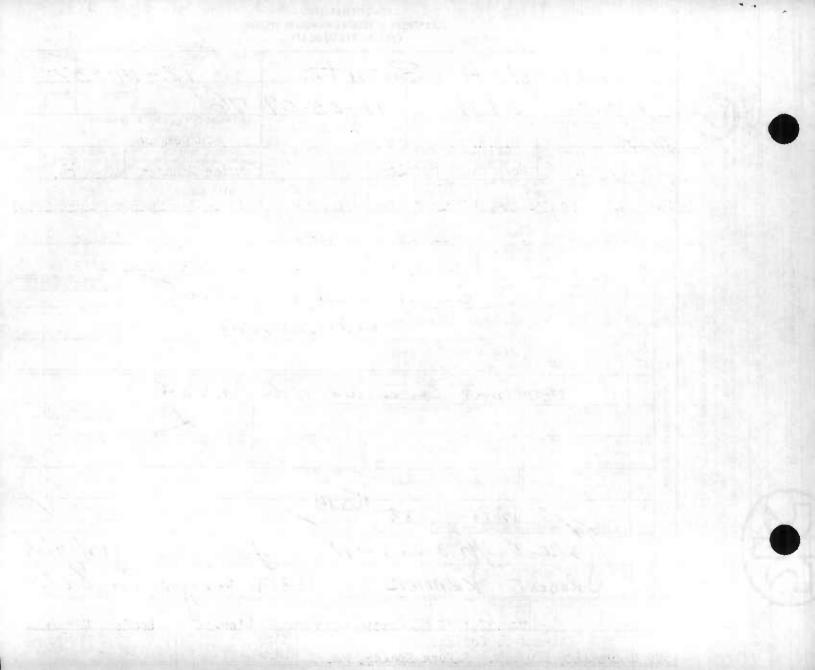
	1.	FOR STATE		DEPAR	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL H	GIEÑE	3 8	0 4	
-	L	REGISTRAR				ICATE OF DEATH		. NO.		
. e-		CEASED NAME OR PRINT)	FIRST	MIDDLE		AST	2a. DATE OF DEAT			2b. HOUR
100			THERINE	M.		ILLIVAN		12 14	00	0534
The state of	3. SE.	X	4. RACE		5. DATE C		6 AGE (IN YEARS LA		UNDER I YEAR	HOURS MIN.
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間 121		RTHPLACE (STATE OR FO	REIGN 76. CITIZEN O	F WHAT COUNTRY	Y? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY C	F DEATH	
Eall -	11	IARYLAND	u.	SA	WIDOW		MONTEAN	ERY COU	INTY	M
1/1	10. C	TY OF TOWN OF DEAT		F HOSPITAL, NURS		OR OTHER INSTITUTION	120. USUAL OCCU			F BUSINESS OR
60	GA	ITHERSBURG	0	1 GROVE	ADVEN	MIST HOSPITA				CATTONS
8 9/21	≥ USU	AL RESIDENCE (IF NURSIN	IG HOME OR OTHER INSTITUTIO	I 3c. CITY OR TO	ORE ADMISSION)	134. INSIDE CITY LIMITS?	130 STREET ADDRE			
Bino onid	4		MONTBOMERY	ROCKUIC		YES NO	920 CR		DRIVE	(2085
1		THER'S NAME	1			15 MOTHER'S MAIDEN N	IAME			1
15		GEORGE	MIDDLE	VEISE		BESSIE	MIDD	LE	BURI	KE
		VAS DECEASED EVER I	U.S. ARMED FORCES			17. INFORMANT		DORESS		.,
medico	(YES, NO OR UNKNOWN)	NONE	578-40	-2195	CLAIRE SYLL	WAN (DAUGH	TER-IN-LA	zu) SAM	EAS#13
te has been signed by the at sis permit. Then please remov giene prior to buriol, cremati shows any injury, or ather trat	CERTIFICATION	190 DATE OF OPERATI	PICANT CODITIONS N 19b. CON	of for which	ODEATH BUT	NOT RELATED TO THE TELL	200 LUTOPSY? YES NO	20b. IF YES, IN CERTIFYI YES	WERE FINDIN ING CAUSES	IGS USED
18 H		21a. ACCIDENT WAS UNDE	110110	OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF	INJURY IN ITEM 18 PAR	T I OR PART 2)	
Hem	MEDICAL	(IF EITHER, NOTIFY MEDICA		P.M.	19	The control				
p	S S	21d. INJURY OCCURRE	(AT HOME	E OF INJURY STREET, FACTORY, OFFIC	E, FARM ETC)	211. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
o y		AT WORK			_)	8 12	-14	83	
Heo is m			this trospital) offended		63	. 19	o to			that (I) (***) lo
d for m 21			did not) view the boo	ly after death.		nd that in (my) (aw) o pinio	n death occurred on the	ne date and nour o		
Oche Dep		22b. SIGNATURE	1 1	Xain		DEGREE ATTENDING	MEDICAL_	STAFF _	22c. DATE	SIGNED (2
63	-	10	n	0000	(PHYSICIAN	DIRECTOR PH	YSICIAN [114	11/03
MPORTANT		221 PHYRICIAN'S NA	S. SAID	*	40	809 Vie	ers mili	Pol 1	20 = K	1
IMPORT		BURIAL, CREMATION, R	EMOVAL 236. DATE	23	c. NAME OF C	EMETERY OR CREMATOR	23d. LOCATION	N	COUNTY	STATE
_		BURIAL	DEC/1	6/83 0	CEDAR	HILL CEMETE	MY SUITEM	ND, PGCO		PYLAND
A 4/B2	24 F	UNERAL DIRECTOR	,	ADDRES!	5	25a D	ATE REC'D. BY REGIST	RAPI756. REGISTRA	AR S SIGNATI	URE
4)	C	HAMBGRS H	WHERET HON	16 SIWE	re Spring	VE MD VEL	1 6 1983	Hair S	- Car.	11 1

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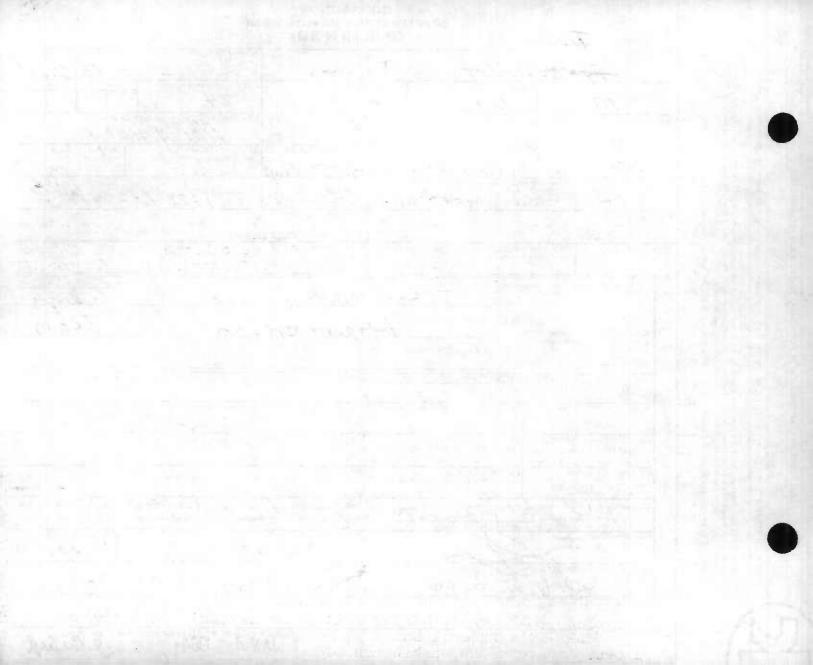
12	1 -	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	3 4 4
months to the control of the control		CEASED NAME FIRST	A RACE	S. DATE OF BIRTH MONTH DAY YEAR	29. DATE OF DEATH MONTH 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26. HOUR A 1.0 : 05 M
Ocean Programme	Vi	RTHPLACE (STATE OR FOREIGN COUNTRY) Aginia	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED WIDOWED DIVORCED	Montgomery	MD.
4 hours ofter led in by the ild be filed wife	Si USU 13a		(IF NOT IN SUCH FACILITY, GIVE STREET HOLY CROSS HOSY. OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW	oital ADMISSION) N 13d INSIDE CITY LIMITS?	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI SETVICE MANAGET 130 STREET ADDRESS	Motor Co.
RE, MARYLAN ecuted within 2 d completely fil es 1 and 2 shou	14. F/	ryland Monto THER'S NAME Henry VAS DECEASED EVER IN U.S. AR	nomery Silver Sx MIDDLE P. Sward MED FORCES? 1166 SOCIAL SECU	15 MOTHER'S MAIDEN N FIRST Virginia	MIDDLE	ing Drive 20901 Dillon
BALTIMORE cate be exect ysicion and coopers. Pages and the medica	(No	(E WAR OR DATES) 225-10-15 Isly one couse per line for (a), (b) one D BY:	digui	vartz Wife Sar	ne as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours retending physician. When this certificate has been signed by the ottending physician and completely filled in by as the burial-transit permit. Then please remove corban popers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal orked or fem 18 shows any injury, or other traumatic event, the medical examiner must be at a content of the medical examiner must be at a content or the medical examiner.		Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last.	DBY: DE CAUSE (o) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF PLEASE	2008	
TAI RECORDS, 2 The law requires icion. The has been signe isst permit. Then p giene prior to bury shows any injury.	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION	MS MAST Con	DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED	200 AUTOPSY 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
ISION OF VITAL PHYSICIAN: The tending physicion this certificate hithe buriol-tronsit ind Mental Hygie ed or item 18 sho		216, ACCIDENT WAS UNDERLYING COCONTRIBUTING CAUSE OF DEAL OF SETTING CAUSE OF SETTIN		19 211 LOCATION	RRED (ENTER NATURE OF THE TENTE TE	PART 1 OR PART 2) COUNTY STATE
OR ATTENDING P he hospital or atter birectors. After it ached for use as the Dept. of Health and them 21 is marked		22a.1 certify that (I) (this haspi	tal) attended the deceased from 19 19 iview the body after death.	DEGREE	. to in death accurred an the date and ha	19, that (1) (ye) last ur and from the causes stated
TO HOSPITAL Certained by the TO FUNERAL Bland be detail with the State MAPORTANT. If		22d. PHYSICIANG NAME (TYPE C) ROBE	RT KRATTE		MEDICAL STAFF DIRECTOR PHYSICIAN [200 8168P6.
BP DHMH - 16 50M 4/82 (VRA 15, 4)	24 F			nc	ATE REC'D. BY REGISTRAR 25% REGIS	county STATE LISA VITGINIA TRAR'S SIGNATURE LABORATORE



STATE OF MARYLAND

TEACHE WHITE THY & 1916 67 IRAN HISA MARY AND MONT POTEMBLE NO! PHYDAL FARZANEGAM ZARINTAS SARTYD AG MO - 217-48 8415 MILHARI GANJET #2 CRESTERM CIT GEREC THEFT I'S NATIONAL MERITIES FALLS CHEEN LIA

	1 -	FOR STATE REGISTRAR	ARC	DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL H CATE OF DEATH	YGIENE 3	3 3	3 3 6	1
o A		EASED NAME PRINT)	thuses	Noe		omas	2a. DATE OF	12 1	13 83	6:28 M
4 9 0	3. SEX	m	B/a	ek	S. DATE OF	BIRTH DAY 19	64	INO.	MONTHS DAYS H	FUNDER 24 HRS
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urs ofter	TA	YOR TOWN OF DEATH LOMA PA	er was	CAFACILITY, GIVE STREET	T ADDRESS!	ENTIST HO	(TYPE OF WORK	FOR MOST OF WORKING LI	FE) INDÚSTRY	one
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completely in a completely in a completely confidence in a con		unkno as deceased ever in		LAST	URITY NO.		known	horpe st	reet N	I E
rificate be execu- physician and conpapers. Pages emoval.		es, no or unknown) {	IF YES, GIVE WAR OR DATES) Enter only one couse pe	n/a		Clarence A			ashingt	
quires that the death certificati signed by the attending physis hen please remave carbanpapt to burial, cremotian, ar remaval njury, ar ather traumatic event, i	NO	Canditions, if any, we gove rise to immediate to couse (0), stoting underlying couse	thich (b)_diate the lost.	DR AS A CONSEQUE	JENCE OF	OT RELATED TO THE TE	J (OO	OR CONDITION GI	VEN IN PART 110	as
The law re cian. te has been sit permit. I giene priar strows any it	CERTIFICATION	19a. DATE OF OPERATIO		DITION FOR WHICH	H OPERATION	WAS PERFORMED 21c. HOW INJURY OCC	200 AUTO	NO Y		S USED F DEATH? NO
G PHYSKCIAN: The transfer of the buriel transfer on d Meeted Hygie ked or Hem 18 stee	MEDICAL CE	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED	ISE OF DEATH HOUR A	.M. MONTH D	DAY YEAR	21f. LOCATION	ORRED (ENTERNAT	CITY OR TOWN	COUNTY	STATE
ral ar on one one one one one one one one one	W	WHILE AT WORK 220.1 certify that (1) (1) sow the deceased above. (1) (we) (did			27/	that in (mg) (our) apini	on death occurred	15/00,	19	at (He) lost
it AL OR hy the hy the hy the hy the his edetache state Dep		22b. SIGNATURE	1	2	D	EGREE ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIAN	13 J	GNED Cell
TO HOSPITAL retained by the TO FUNERAL should be detained with the State MAPORTANT:	23a. B	URIAL CREMATION, RE	MOVAL TITL DATE	1 Mm	NAME OF CE	1/1201	1 Apre RY 1236 LOCA	J), V	Je 9	04
BP	(Cremation	12/20	/83 C	Cedar	Hill Crem	atory,S	uitland	,Maryla	
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. FU	NERAL DIRECTOR LA 31 Georgi	TNEY's Fu	ADDRESS			JAN 4	1984 Jan	tran's signatur	will



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME 2h HOUR (TYPE OR PRINT) Thompson 1983 3:22 AM Dec. AURA 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 4. RACE MONTH Nov. 15. 1905 White Female 78 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland USA Montgomery WIDOWED 124 DIVORCED [O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR Holy Cross Hospital INDUSTRY LTYPE OF WORK FOR MOST OF WORKING LIFE Silver Spring Housewife own home OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13b. COUNTY Wheaton 3929 Havard Street 13d. INSIDE CITY LIMITS? Maryland Montgomery 20906 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME George Washington Amanda MIDDLE Taylor Moblev ADDRIS104 Kamputa Dr. 166 SOCIAL SECURITY NO 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 218-20-2224 Larry W. Thompson-son-Centreville, Va. 22020 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 9a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES [NO [71a, ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER P.M 21f LOCATION 71d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 NOT WHILE VILL 22a I certify that (i) (this hospital) attended the deceased fram. and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated above, (Hiwe) (did) (flid nat) view the bady after death. 77h SIGNATI 22c DATE SIGNED DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 77. ADDRESS should be 23c. NAME OF CEMETERY OR CREMATORY 73d LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Silver Spring Montgomery Md. (SPECIFY) Burial Dec. 10, 198B Gate of Heaven 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Mines≁Rinaldi Funeral Home 14800 N.H. Ave., DHMH - 16 50M 4/83 (VRA 15, 4) Silver Spring, Md

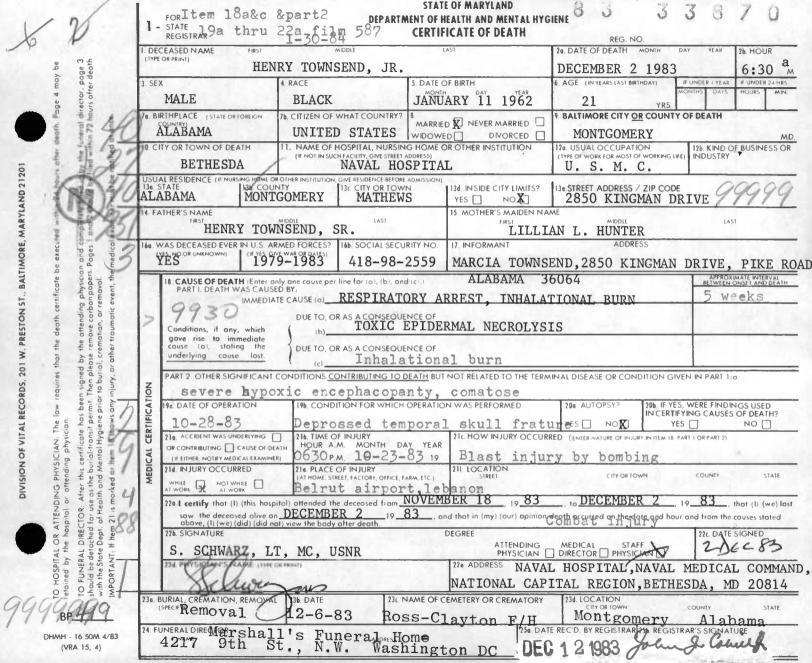
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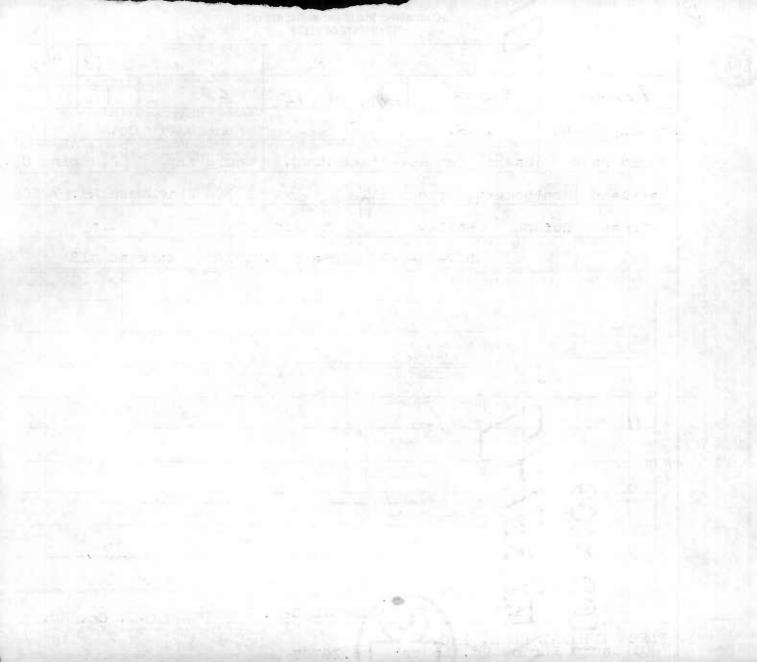
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A #	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	3 3 3 3 7 2
(M)	I. DECEASED NAME (TYPE OR PRINT)	E E TYLER	TE OF DEATH MONTH DAY YEAR 26. HOUR 12 - 2-83 1140 pm
ge = ##	FEMALE	WHITE FIVE. 31 15	(IN YEARS LAST BIRTHDAY) BYRS. IF UNDER 1 YEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN.
deoth. Po	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington DC	U.S.A. MARRIED MEVER MARRIED M	ontgomery Co. MD.
by the filled with	Takoma Park	Washington Adventist Hosp. (Type of See Street address)	ual occupation f work for most of working life; Cretary Plumbing Co
1.24 hour lifted in cold be	13a. STATE 13b. CC	ntgomery Burtonsville Nor 15	REET ADDRESS 304 Blackburn Rd. 20866
omplete ond 2	Thomas Ru	Fuss Nalley Nellie	Clay
on and co	160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES)	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 577-05-9626 Richard B. Ty	rler same as #13
the deoth certificate be the ottending physicion remove carbonpapers. Pemaison, or removal. Let froumatic event, the met frou frou frou frou frou frou frou frou	Conditions, if any, which gave rise to immediate cause to, stating the	ONLY ONE COURE DET TIME TO ATT, (b), and (c) SED BY: IATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	METHALIN CONST AND DIATH
The low requires that the cion. I have been signed by the six permit. Then please remingene prior to buriol, cremingenes ony injury, or other the please ony injury, or other the cion.	IN DATE OF OPER MON	To CONDITION FOR WHICH OPERATION WAS PERFORMED TON YES	SMSE OR CONDITION GIVEN IN PART 110 AUTOPSYS 106 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\sum \text{NO} \square \text{NO} \quare \text{NO} \square \text{NO} \quare \text{NO}
DING PHYSICIAN: To or offending physicial After this certificate is as the buriol-transfolth and Mental Hygi marked or frem 18 after the buriol-transfolth and mental Bart marked or frem 18 after the physicial and a second	OR CONFERENCE OF CAUSE OF CAUS	BEATH HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY IN HOME STREET, FACTORY, OFFICE FAILM, ETC.) 21f. LOCATION STREET	THE NATURE OF MAJEY PHINISH THE PART 1 (DEPART 2). CITY OR TOWN COUNTY STATE.
OR ATTEN he hospitol DIRECTOR. acched for us oched for us the tem 21 is	sow the deceased eless above, (I) (we) (did I dia 22b. SIGNATURE	DEGREE ATTENDING MED PHYSICIAN DIRECT	coursed on the date and hour and from the couses stated CAL STAFF TOR PHYSICIAN
TO HOSPITAL retoined by th TO FUNERAL should be deti with the Stote IMPORTANT:	H.L. MA	RTER \$31 Univers	if Blud End
BP	230. BURIAL, CREMATION, REMOVE (SPECIFY) Burial 24. FUNERAL DIRECTOR	12/6/83 Fort Lincoln Cem. Br	Entwood P.G. Co. Md. By registrarize registrar's signature
DHMH - 16 50M 4/82 (VRA 15, 4)	FLECK FUNERA 7601 Sandy S	L HOME, INCORESS Pring Rd. Laurel, Md. 20707	8 983 Secure Secretary

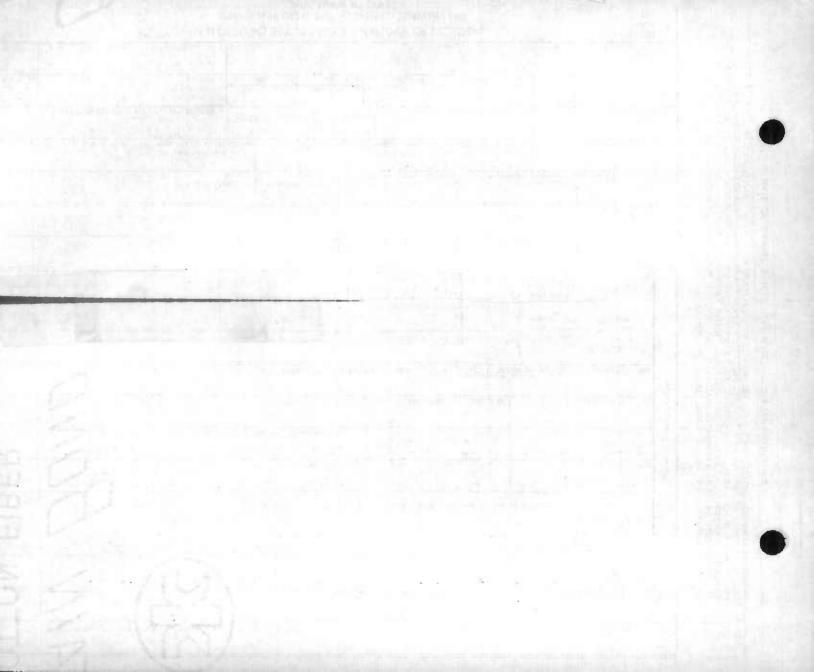


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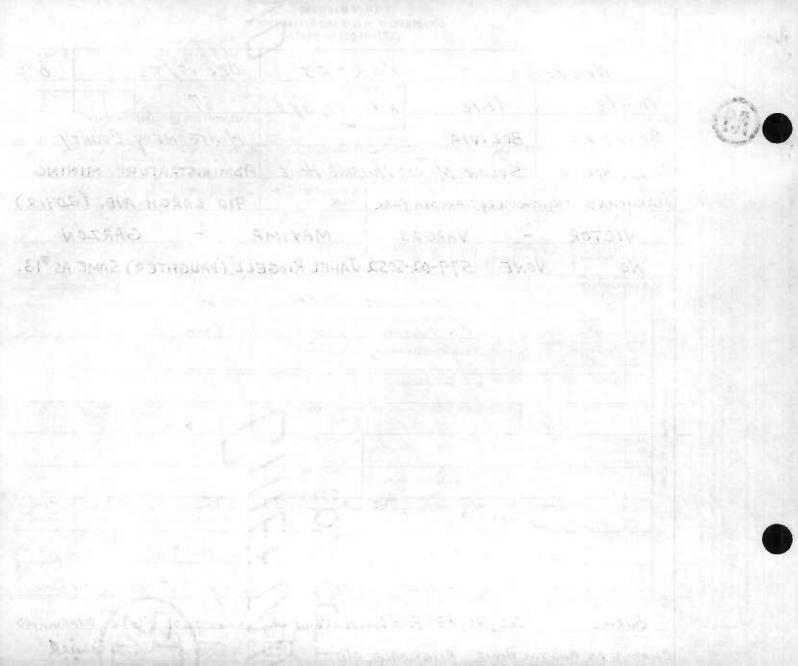
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			CWN #83-70					DEATH MATE		10	15 19 83	
3. SI	ale	White	5. DATE OF BIRTH MONTH DAY YE.	AR LAST BIRTHDA	MONTHS DAYS			DATE DNOUNCED DEAD	M	10	15 1983	B4: H
	BIRTHPLACE (FOREIGN COUNTRY)		76. CITIZEN OF WHAT CO	OUNTRY?	MARRIED	NEVER MARRI	ED L	ontaon	_	COUNTY	OF DEATH	
10. (Ashton		11. NAME OF HOSPITAL, (16 NOT IN SUCH FACILITY, G	OVE STREET ADDRESS)	, OR OTHER INST	TUTION	120 USUAL	OCCUPATIO OF WORKING LII	N (TYPE OF	WORK 12	OR INDUS	USINESS
13a	JAL RESIDENCE STATE	(IF IN NURSING HOME OR 13b. COUNTY	OTHER INSTITUTION, GIVE RESIDI	ENCE BEFORE ADMISSION	13d INSI		13e. STREET	ADDRESS			990	99
14. 1	FATHER'S NAM	E	WIDDLE	tast	15 MO	THER'S MAIDE FIRST	N NAME	MIDDLE			LAST	
160.	WAS DECEASE (YES, NO, OR UNKN	ED EVER IN U.S. ARM OWN) (IF YES, GIVE W		SOCIAL SECURITY	Y NO. 17 INFO	DRMANT		AD	DRESS			
7	Condition gave in	ons, if ony, which ise to immediate	BY: CAUSE (o) MUL DUE TO, OR AS A C	tiple in CONSEQUENCE (BETWEEN ONS	E NINO DE
	lying ca		DUE TO, OR AS A (
FICATION	lying co	use lost.		RELATED TO THE TERM	INAL DISEASE OR COND		RT I a.				20 AUTOPS)	
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1			STATE OF M		2 6 9	7	
1	FOR STATE			AND MENTAL HYGIEN	ATH	0 0 / 2	
-	REGISTRAR DECEASED NAME FIRST	MEDICALEX	AMINER'S C	ERTIFICATE OF DEA	NEO: THE		
	DECEASED NAME FIRST)	20. DATE KNOWN P		JR
	OTTO	ERNEST	VAN	I DER AUE	DEATH MATED	12 30 11 03 11	M
3. 5	SEX 4. RACE Whit	MONTH DAY YEAR LA	GÉ (IN YEARS IF UNI		2c DATE PRONOUNCED	MONTH DAY YEAR 24. HO	UK
	Male CAUC	4 27 08 7	YRS.		DEAD	123/ 1983 46	M
1 70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRII	ED PNEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH	
4	IL	USA	WIDOW	ED DIVORCED	MONTGO		ND.
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		ER INSTITUTION 120 US	MAL OCCUPATION (TYPE MOST OF WORKING LIFE)	E OF WORK 126 KIND OF BUSINESS OR INDUSTRY	
4	BETHESOA	5305 BROOKEN		1	HYSIC IAN	U.S. NAVI	/
US	SUAL RESIDENCE (IF IN NURSING HO) STATE 13b. CO	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITYLHMITS? 13e. STI	REET ADDRESS	016/4	
	4.3 0009/		IESDA			OKEWAY DY	
14	FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	E	LAST	
1	Fred	Van Der Aue		Bessie		Vaurosek	
160	. WAS DECEASED EVER IN U.S.	IVE WAR OR DATES)	SECURITY NO.		06490 ADDRESS	Southport, Conn.	
	Yes.	WW II 579-5	52-8032	George L. Va	n Der Aue 7	62 Mill Hill Rd.	
	18 CAUSE OF DEATH (Enter	anly ane cause per line for (a), (b), and	d (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	тн
	PART I DEATH WAS CAU	DIATE CAUSE (a) YECA	RDIAL	INFARETTO	W		
	4100	DUE TO, OR AS A CONSEQ	UENCE OF		\		
	Canditians, if any, wh gave rise to immedia		SCLORO	TIC CARDOU	ASEULAR 1)	IS. INDEF	
	cause (a) stating the und		UENCE OF				
	lying cause last.	(c)					
	PART 2 OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O INE TERMINAL DISEASE	E OR CONDITION GIVEN IN PART 1 10			
3	190. DATE OF OPERATION 210 EXTERNAL CAUSE WAS	MULTIPLE GAS	STROINT	ESTINAL F	ROBLEMS		
71 3	190. DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION W	AS PERFORMED?		20 AUTOPSY?	
						YES NO	
		216. TIME OF INJURY HOUR A.M. MONTH DAY	Y YEAR 21c HC	OW INJURY OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
	CONTRIBUTING CAUSE	OF DEATH A P.M. 12 30	0 1983 (ON FLOOR		
	CONTRIBUTING CAUSE C 214 INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT STREET, FAGTORY, FARM, ETC.)	THOME. 211 LOC	CATION	CITY OR TOWN	COLUMN STAT	E
	AT WORK AT WORK	Home	530	5 BROCKEWAY D	BETHESO	A MONTO M	i
	220 I certify that I taak ch	arge of the remains described above, h	neld an Autaps		Inquiry 4. an	nd in my apinion	
		Thural causes . Agaidem .	Suicide		termined manner	,	
	all-	06	//	TITUE (SPECIFY)		. / /	
	ACTUAL	ecce Muy C	-RIN	10.00	DICALEXAMINER	DATE 1431/89	
71	-	0/6	100	-	A CONTRACTOR OF THE PARTY OF TH	1 20814	4
1	EXAMINER'S NAME (TYPE OR PRINT)	NCIS (MAY	toh	ADDRESS 8200 WISC	Casial Ave	BeryessiM	3
23	BURIAL, CREMATION, REMOVA		E OF CEMETERY OF	R CREMATORY 23d L	OCATION	COUNTY STATE	
	(SPECIFY) Burial			at'l. Cem.	Arlington,	VA	
24	FUNERAL DIRECTOR JOSE	ph Gawler's Sons, • Ave. Nows Wash.,	Inc,		Y REGISTRAR 256 PEG	ISTRAR'S SIGNATURE	,
	5130 Wisc	· Ave. N.W. Wash.,	, DC	JANO	1984 03	and a county	1
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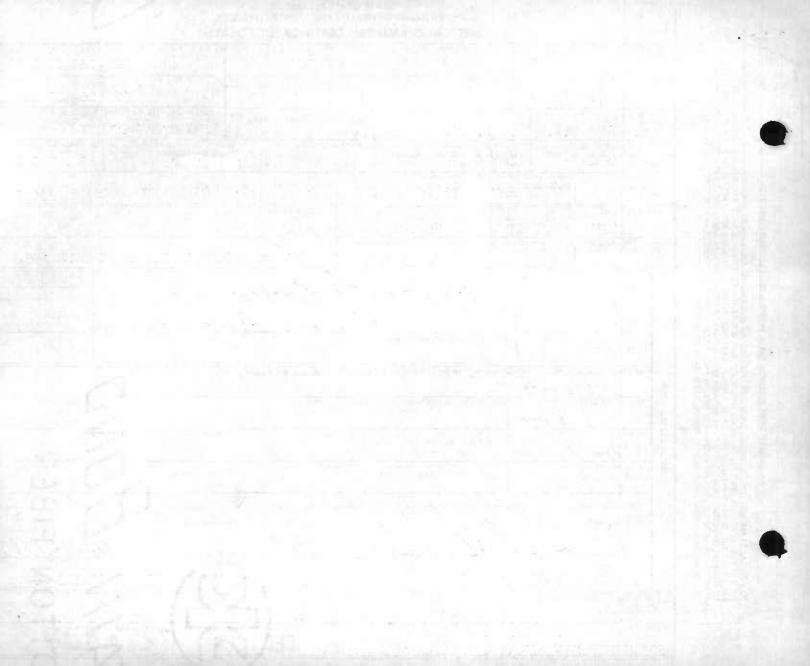
1	1-	FOR STATE REGISTRAR	DEPAR		TH AND MENTAL HYG	REG. NO	. J J .	3 / 6
a constant	(TYPE	EASED NAME FIRST OR PRINT) NIChol	A S	VaR	915	20. DATE OF DEATH N Dec. 18 6. AGE (IN YEARS LAST BIRTH	AONTH DAY YEAR 83 10AY) IF UNDER 1 YEAR	2b. HOUR 6.00 R IF UNDER 23 HRS.
-60	3. SEX	nale	White	S. DATE OF BIS	13. 1896	87	MONTHS DAYS	
	B	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTR BOLIVIA 11. NAME OF HOSPITAL, NURS	MARRIED WIDOWED	DIVORCED THER INSTITUTION	9 BALTIMORE CITY OR	MERY COUN	OF BUSINESS OR
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y filled in	13a. S	RYLAND MONT		PARK YE	INSIDE CITY LIMITS?		CH AVE.	20912)
ompletel		VICTOR	MIDDLE LAST VARG	45	MAXIM	A ADDRES	GARZ	2 N
be execution ond control on ond control on c		(AS DECEASED EVER IN U.S. AR es, no or unknown) (IF yes, Giv	4E WAR OR DATES)		AHEL RIDGI	ELL (DAUGH	ITER) SAMI	
ST., BAL ertificate g physicia anpaper emaval. event, th			nly one couse per line for (a), (b), ED BY: TE CAUSE (a)	eliere	GRANY	Knia	BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hour fatherding physician. When this certificate has been signed by the attending physician and completely filled in as the burial-transit permit. Then please remove corban papers. Pages and 2 should be I than Amental Hygiene prior to burial, cremation, or removal. orked or from 18 shows any injury, or ather traumatic event, the medical manner mastebal.		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSECUTION (b)	OUENCE OF	a oft.	ke Lung		
that the d by the lease remial, cremial, and the contract of t		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC					
or ta buri	TION		conditions <u>contributing t</u>					No. of the last
AL RECO	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHI			20a AUTOPSY? YES □ NO ■	206. IF YES, WERE FIND IN CERTIFYING CAUSI YES	S OF DEATH?
N OF VITA SICIAN: The ng physicio certificate entol Hygie entol Hygie frem 18 sho		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19		RED (ENTER NATURE OF INJURY	Y IN ITEM 18 PART 1 OR PART 2	
DIVISION DING PHYS or attendir After this c e as the bu alth and M marked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC		LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
END fal on OR: A Truse Heal			tol) attended the deceased from Dec. 13 19 The wine the body after death.	4 -	ot in (my) (aux) apinion	death occurred on the da		ne couses stated
PITAL OR ATT by the hospi ERAL DIRECT e detached to State Dept. of		22b. SIGNATURE	esda M.D.	DEG	ATTENDING	MEDICAL STAF	F	18/83
HOS nined FUN Sold E		JURGE H.	FORCAD	12	ADDRESS	Ring 51	t. 51/11	n-pkin
BP	23a. E	URIAL, CREMATION, REMOVAL SPECIFY)	DEC 21 83 23	FORT LINE	TERY OR CREMATORY	BRANTWOOD	P.G.CO. N	STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. FU	INERAL DIRECTOR NAME HAMBERS FUNEL	ACHOME RIVE	EDACE N	25a. DA	2 2 1983	REGISTRAR'S SIGN	ATURE



III DEC	EASED NAME	FIRST	77120	MIDDLE	CERTIFICATE OF	20. DATE KNOWN X MON	TH DAY YEAR 26. HOU
	OR PRINT)	Rafael	01		azquez = Munoz	OF ESTI.	0 /05 07
3. SEX		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS IF	UNDER 1 YR. IF UNDER 24	HRS. 2c. DATE MONT	2/25 19 83 A
Ma	le	White	Oct. 24,	1909 74 YRS.	NTHS DAYS HOURS M	PRONOUNCED DEAD	2/25 19 83 P.N
	Mexic		76 CITIZEN OF WH	rico MAI	RRIED NEVER MARRIED	Montgomery	
	ockvil			PITAL, NURSING HOME, OR O	THER INSTITUTION 12	B. USUAL OCCUPATION (TYPE OF WOIL FOR MOST OF WORKING LIFE) Retired	OR INDUSTRY Lawyer
13a. S1		136 COUN		Rockville	13d. INSIDE CITY EIMITS? 13	street address 199 Hardy Road	20852
Fe	THER'S NAME rnando			quez	15. MOTHER'S MAIDEN I	a M	unoz
(YE	AS DECEASED S, NO, OR UNKNO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)	None	Jose Wanch	199 Hardy Plac ola Rockville, Md	e . 20852
NOI	gove ris couse (o) lying cou		(b) DUE TO, OR A	AS A CONSEQUENCE OF AS A CONSEQUENCE OF UT NOT RELATED TO THE TERMINAL DISI	EASE OR CONDITION GIVEN IN PART 1	(0)	
7/3	190 DATE OF None		196. CONDIT	ION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY? YES NO X
1 =				INTUINV Tox.	HOW INTHIBY OCCUPAND	ENTER NATURE OF INJURY IN ITEM 18 PART 1 OF	20107.01
CALC	21d IN ILIRY C	OR NG CAUSE OF	DEATH P.M.	MONTH DAY YEAR	None COCATION 1	CITY OR TOWN	COUNTY STATE

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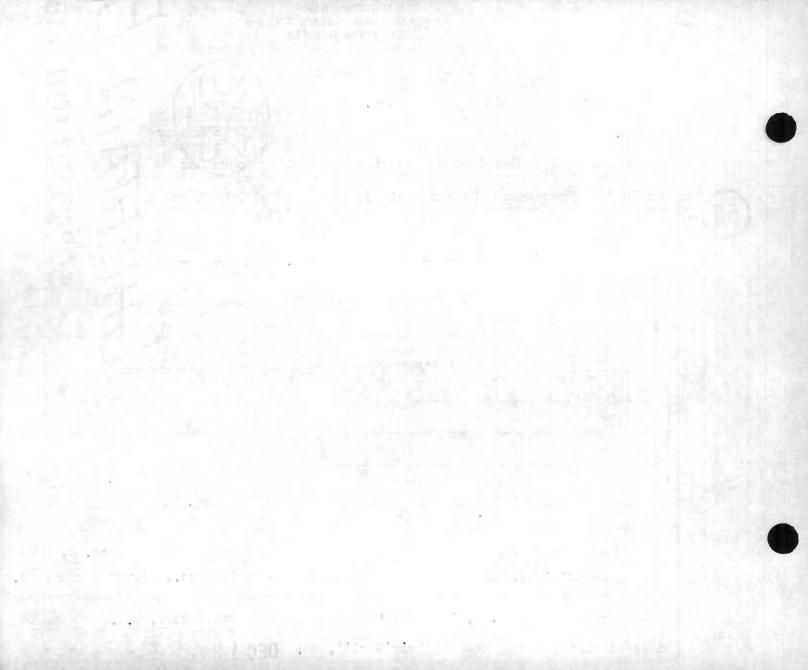
STATE OF MARYLAND FOR - STATE REGISTRAR REG. NO DECEASED NAME X 2b. HOUR 20 DATE KNOWN ESTI-GEORGE **VERNON** 12 16 , 83 203A, DEATH MATED 4. RACE & AGE (IN YEARS | IF UNDER 1 YR. 2d. HOUR . SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED MALE WHITE 15 16 ,083 203A, DEAD BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED WASHINGTON, D.C. MONTGOMERY COUNTY DIVORCED IN CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS WASH. GAS CO SERVICE MAN SILVER SPRING T3d. INSIDE CITY LIMITS? LLZZ CADDINGTON AVENUE TS MOTHER'S MAIDEN NAME VERNON WILLIAM ROSE BIGGS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 1122 CADDINGTON AVE. (WIFE) WWII YES CAUSE OF DEATH (Enter only one cause per line for (a), (b), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO E 2 Th. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21e PLACE OF INJURY (AT HOME AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE TO FUNERAL DIRECTOR: PARTER DEATH WITH THE STARBAL THOUSE MARYLAND, 217 220 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Natural causes death resulted from: Accident Hamicide Undetermined manner EXAMINER'S NAME DR JOHN ROGERS ADDRES 1919 SEMINARY RD SILVER SPRING MD 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE LINCOLN CEMETERY | BRENIMON BURTAL BP. DEC. 19 1983 BRENTWOOD GFO. 24. FUNERAL DIRECTOR FRANCIS J. COLLINS **DHMH** - 17 (VR A15 ME (5)) 500 UNIVERSITY BLVD. W. SILVER SPRING, MD. 20M 4/82



Hines Rinaldi Funeral Home

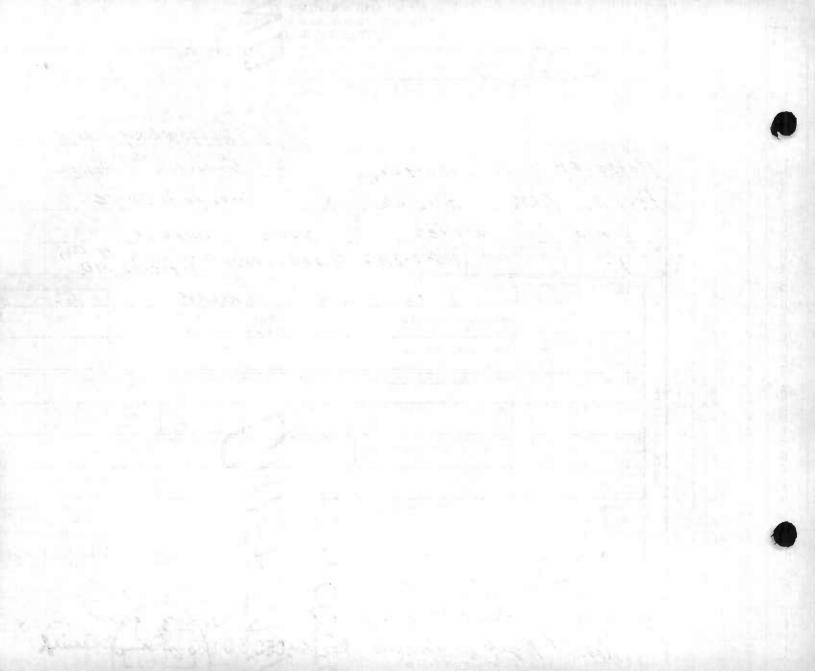
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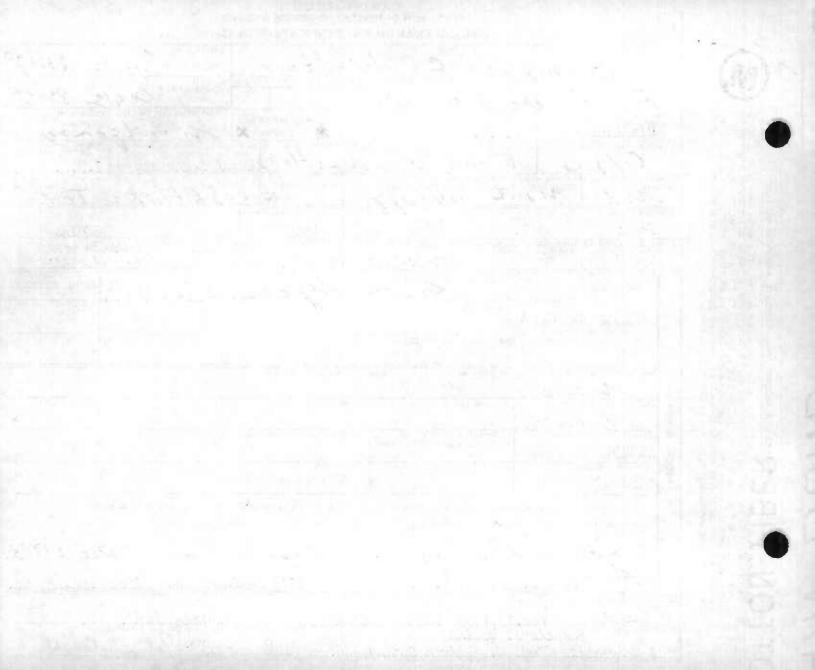
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



MILLS S. 1983 & S. 1983 & S. L. C. Called

+	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND SHEET OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE REG, NO.	8 2
oge 4 hby he entry John 3 unaffer death	3. SE	MAle	White	S. DATE OF BIRTH MONTH DAY 12 21 1894	20. DATE OF DEATH MONTH / 2 6. AGE IN YEARS LAST BIRTHDAY) YRS	
by the formal diffused within 72 has	10. C	PRIMA ITY OR TOWN OF DEATH 11. Befhes DH. 5	(IF NOT IN SUCH FACILITY, GIVE STREET,	OR.	9 BALTIMORE CITY OR COUN 110 W 190 M C R 110 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING CONDUCTOR	Y COUNTY MD.
BALTIMORE, MARYLAND 21201 cote be executed within 24 haurs systician and completely filled in by opers. Pages 1 and 2 should be fill wol. it, the medical exemine buy be ref	14. F	AL RESIDENCE (IF NURSING HOME OR OTHE STATE HID OUNTY WATHER'S NAME MIDDL FIRST MODE WAS DECEASED EVER IN U.S. ARMED YES, NO OR MINNOWN] (IF YES, GIVE WAR	E Walfer 166, SOCIAL SECU	N 13d INSIDE CITY LIMITS? YES NO □ 15 MOTHER'S MAIDEN NAI FIRST SIDIE RITY NO. 17 INFORMANT	Darres ADDRESS	ett pr,
W. PRESTON ST., or the death certification by the attending physe remove carbanp cremation, or remover the troumatic even	7	Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.	AUSE (o) CAL DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	nce Of pulm	Pailure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TAL RECC	AL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	IN CER	VES, WERE FINDINGS USED TIFVING CAUSES OF DEATH? YES NO S. PART 1 OR PART 2)
DIVISION OF VI DING PHYSICIAN: or ottending phys A fact this certifica A fact this certifica colith and Mental Hy morked or Item 18	MEDICAL	WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY JAT HOME, STREET, FACTORY, OFFICE, FACTORY		CITY OR TOWN	COUNTY STATE
HOSPITAL OR ATTEN and by the hospital of the hospital of the hospital of the State Dept. of He ORTANT: If Item 21 is,		22a.1 certify that (1) (this haspital) of sow the deceased alive on obave, (1) (we) (did) (did not) vie 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR PRIN	w the body ofter death. 19	DEGREE ATTENDING PHYSICIAN R	MEDICAL STAFF	our and from the causes stated 12/26/1983
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DIVISION OF	EXECUTE HE CERTIFICATE, WRITING THE WORD: "PENDING" IN PENCIL IN 176M 18, GIVE PAGES PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM 1 TO FUNERAL DIRECTOR: PAGE 3SHOULD BE USED AS BURIAL-TRANSIT PERMIT. PAGES, AN AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	MEDICAL	214 INJURY OCCURRED WHILE NOT W AT WORK AT WO	HILE X	21e PLACE C STREET, FACTO	OF INJURY (AT HOME, ORY, FARM, ETC.) NOUSE	S	treet B59 Amhe	erst Ave	city or town Wheator	n, Mont	. Md	STATE
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O MEDIC	AGE 4 S O FUNE FITER DE		EXAMINER'S NAME (TYPE OR PRINT) Th	omas [). Smith	M.D.	A	ADDRES PE	enn St.	Balto.,MD).		
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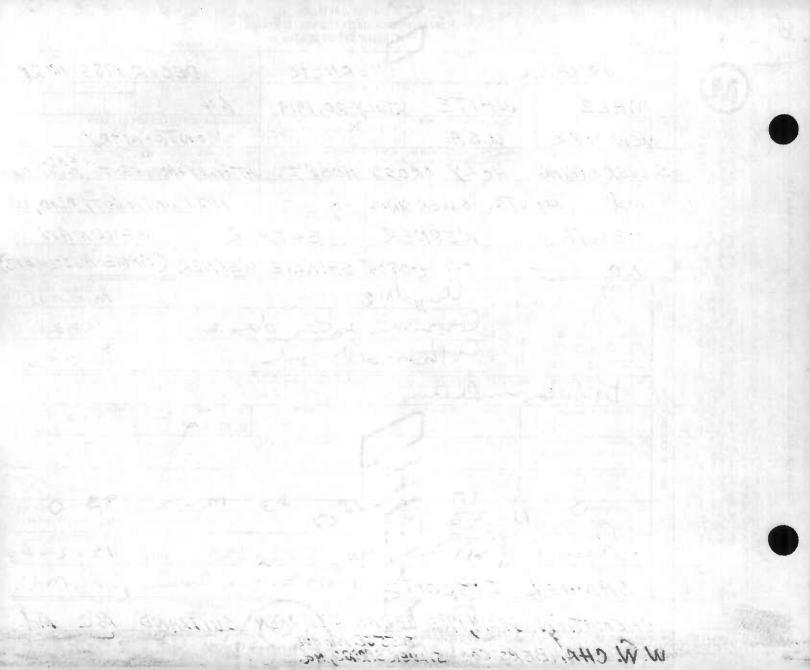
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OE 25 2K	1. SE	(4_RACE		5. DATE O		6. AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
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that the death certific d by the attending philesse remove carbonpt lat, cremation, or remo		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, C	OR AS A CONSEQUE	ence of	HRROST Lil ufa	irefor		2h	S
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SICIAN: T ag physici certificate ririol-transi ental Hygi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A	DEINJURY .M. MONTH DA .M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
uG PHYS ottending ter this case the burner when did not riked or it	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
spital or CTOR. Af for use of Health		22a I certify that (I) (this hospi saw the deceased alive on above, (I) (we) (did) (did no	12	10 19	63.0	nd that in (my) (our) opinion	deoth occurred an the d	19. ote and hour a		at (1) (we) last
Y the hose ALL DIRECTOR AND DIRECTOR AND DIRECTOR OF Dept.		22b. SIGNATURE	~~~		4	DEGREE ATTENDING PHYSICIAN [, MEDICAL STA	FF CIAN []	22c. DATE SI	GNED /83
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BP	23a. E	urial, cremation, removal Specify) Burial	23b. DATE Dec. 18			emetery or crematory cus Meth.	23d. LOCATION CITY OR TOWN Damascus		county COMERY	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24. FU	Olime L. Moleswo				25pg (PA)	REC'D BY REGISTRAR 2 0 1983	25h GISTRA	R'S SIGNALUI	

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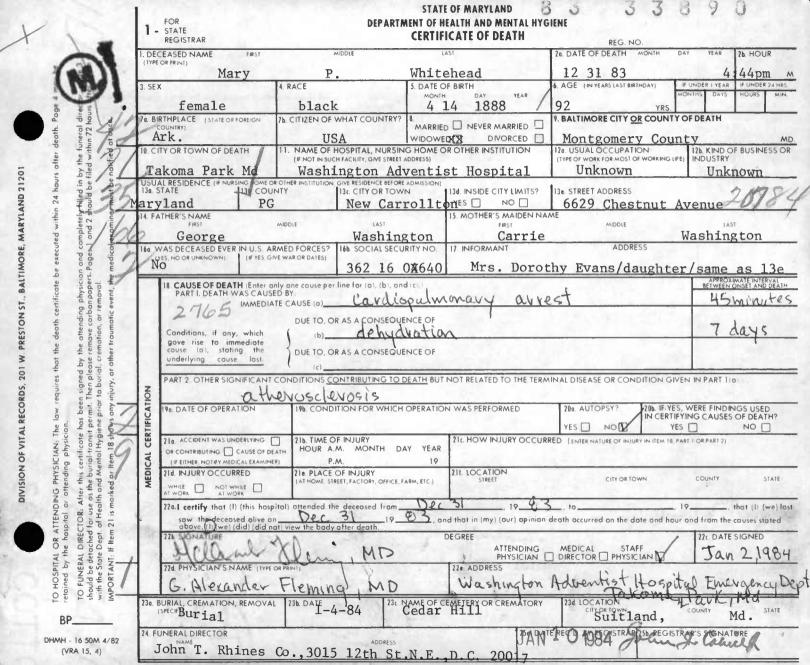
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9		Jeymou		WERNER	DEC. à	
	3. SE	MALE	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY JULY 20, 1919	6. AGE (IN YEARS LAST BIRTHDAY) 4 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
and the season of the season o	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY \mathcal{U}_{\cdot} \mathcal{S} \mathcal{A}_{\cdot}	MARRIED NEVER MARRIED WIDOWED DIVORCED	MONTGO	Y OF DEATH MERY MD.
Salt set of set	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET A C C C C C C C C C C C C	IT ADDRESS) OSS HOSP'T.	120 USUAL OCCUPATION RE (TYPE OF WORK FOR MOST OF WORKING ATTOLNEY + ACCOUNT	126. KIND OF BUSINESS OR INDUSTRY FED.
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TAL OR YATE NO RAL DIRE CONTROL DIRECTOR DEPOTE DEP		22b. SIGNATURE	e of scars		MEDICAL STAFF DIRECTOR DPHYSICIAN	12-2-23
O HOSPITA Horned by O FUNERA Whould be de		22d PHYSICIAN'S NAME (TYPE OF SAMUE)	L ITSCOI	72 10313 See	. 5	, SS 3 md -
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION	DEC. 4.1983	NAME OF CEMETERY OR CREMATORY CEDAR HILL CRE	M. SUITZAND	P.G.C Md.
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	INERAL DIRECTOR I. W. CHAMB	ERS CO. SIL	8655 GEORGIA AVE 250. DA VER SPRING, Md. DEC	TE REC'D. BY REGISTRARES REGIS	RAR'S SIGNATURE

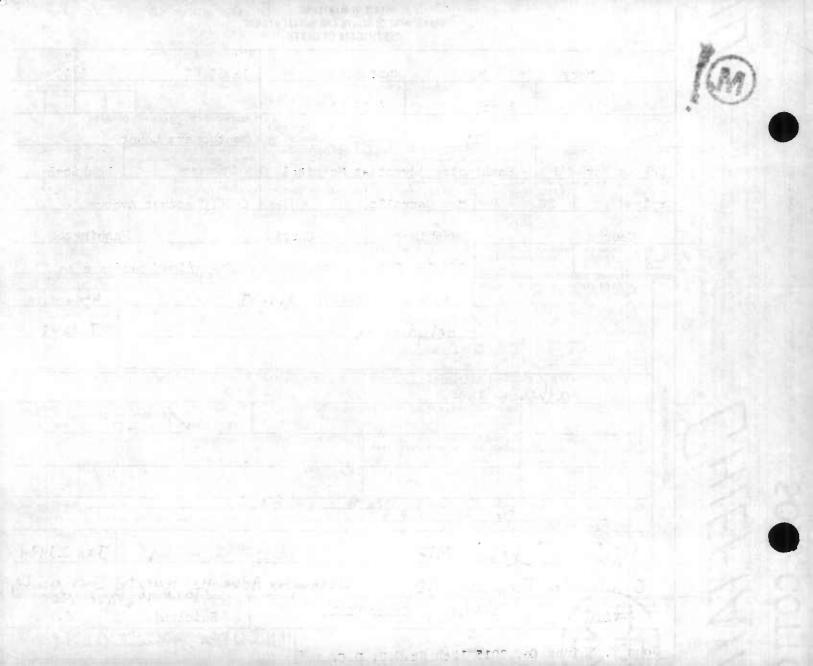


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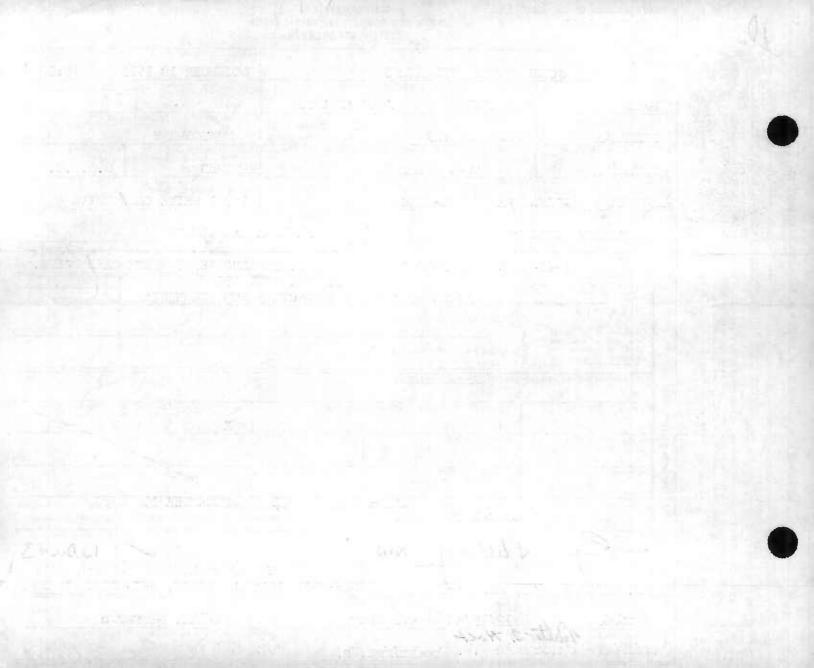
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	PHYSICIAN
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	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours often death. Page 4 may be entoined for the housing on others death. Page 4 may be
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],	FOR - STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH				GIENE REG. NO.			
{1	DECEASED NAME YPE OR PRINT) SEX	HI/OA	Koh R		Williams 5. Date Of Birth			12-10-83 33			3 P M
3.	FEMALE		CAUC.		MONTH DAY YEAR 90			93 YRS.			
41	BIRTHPLACE (ST COUNTRY)	O. C.	76 CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED WIDOWED DIVORCED			9. BALTIMORE CITY OR COUNTY OF DEATH Montgomery MD			
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35 I3	SUAL RESIDENCE G. STATE	NOCOUN	TY	CHEVY C	ADMISSION)	13d. INSIDE CIT YES 🔼	TY LIMITS?	13e STREET ADDRESS 3724 MA	NOR RD	2081	15
60	FATHER'S NAME Harve	y	AIDDLE A.	Kohr		Lucy Lucy	MAIDEN NAM	G.		Ramsa	y
160	(YES, NO OR UNKNO		WAR OR DATES)	216 46 1		Louis		Rock ms III 1191	ville, M 2 Renwo	d. 208 od La	352 in e
8 shows day injury, or other troum	gave rise to cause (a), underlying	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2/GTHER SIGNIFIC AT CONDITIONS CONTRIBUTING TO DEATH BULL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2/GTHER SIGNIFIC AT CONDITIONS CONTRIBUTING TO DEATH BULL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2/GTHER SIGNIFIC AT CONDITIONS CONTRIBUTING TO DEATH BULL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2/GTHER SIGNIFIC AT CONDITIONS CONTRIBUTING TO DEATH BULL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2/GTHER SIGNIFIC AT CONDITIONS CONTRIBUTING TO DEATH BULL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2/GTHER SIGNIFIC AT CONDITIONS CONTRIBUTING TO DEATH BULL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2/GTHER SIGNIFIC AT CONDITIONS CONTRIBUTING TO DEATH BULL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2/GTHER SIGNIFIC AT CONDITIONS CONTRIBUTING TO DEATH BULL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2/GTHER SIGNIFIC AT CONDITIONS CONTRIBUTING TO DEATH BULL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2/GTHER SIGNIFIC AT CONDITIONS CONTRIBUTING TO DEATH BULL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2/GTHER SIGNIFIC AT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2/GTHER SIGNIFIC AT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2/GTHER SIGNIFIC AT CONDITION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2/GTHER SIGNIFIC AT CONDITION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2/GTHER SIGNIFIC AT CONDITION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2/GTHER SIGNIFIC AT CONDITION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2/GTHER SIGNIFIC AT CONDITION OF THE TERMINAL									
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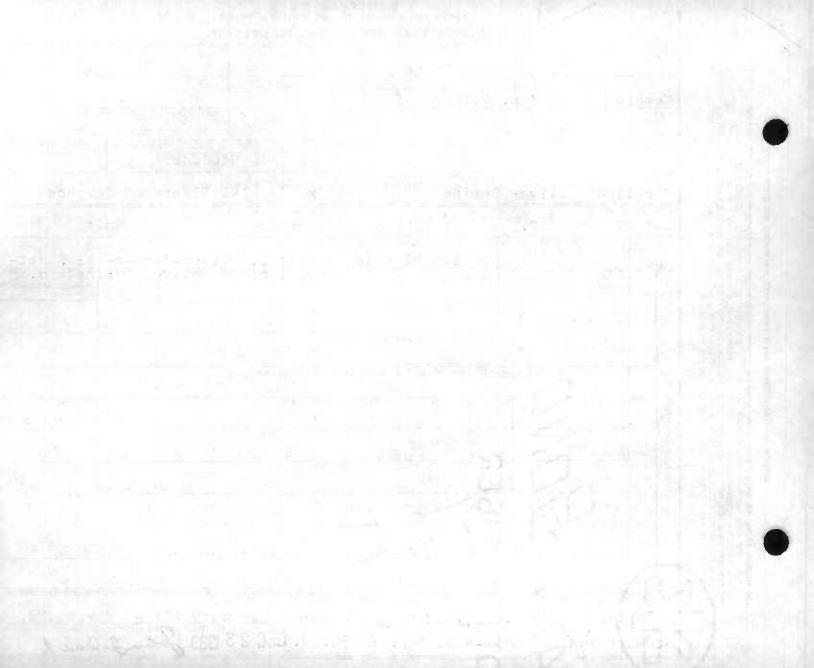
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CAN S		REGISTRAR				CATE OF DEATH	REG. NO		
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	3. SE:	X	4. RACE		5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS	
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5 8- 6		VAS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORMANT	ADDRES	S	22172
s. Pages	,	YES 19	61-1983	505/44/2	2332	SANDRA K.WIL TRIANGLE, VA			DRIVE,
quires that the death certificate signed by the attending physic han please remove carban paper a burial, cremation, ar removalury, or other troumatic event, the state of the	NO	Conditions, if any, whi gove rise to immedia cause (a), starting t underlying cause la	ch (b)	dr as a consequ dr as a consequ	ENCE OF	IAL INFARCTIO			1(0)
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rySiCian; The		210. ACCIDENT WAS UNDERLYING CAUSE (IN EITHER, NOTHY MEDICAL EX	OF DEATH HOUR A	OF INJURY I.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
ottending ter this ci s the bur and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE.		211 LOCATION STREET	CITY OR TOW	NN COUNTY	STATE
OR ATTENDIN e hospital ar DIRECTOR: Af- oched for use a Dept. of Health		220.1 certify that (1) (this saw the deceased all above, (1) (we) (did) (o 22h. SIGNATURE	ve no DECEMBE	R 10 19	83 , on	d that in (my) (our) opinion DEGREE	death accurred on the do	22c. DAT	E SIGNED
by the by the sedero		224 PHYSICIAN'S DAME	(TYPE OR PRINT)	lay	MD	ATTENDING PHYSICIAN [22e ADDRESS NAVAT	MEDICAL STAF	IANE	Duf 3
TO HOSP TO FUNI	22-	E. KILLEAVY	LT, MC,	USWR	NAME OF C	NATIONAL CAP	ITAL REGION	, BETHESDA,	MD 2081
9BPG999	3	Burial, cremation, rem Burial	1. 12/1	.6/83	Dak Gr	ove	DeWitt,	Nebraska	STATE
OHMH - 16 50M 4/83 (VRA 15, 4)	Cu	nnimgham-Mou	ntcastle F	H. Woodl	oridge		EC 1 5 1983	ISB. REGISTRAR'S SIGNA	ATURE



	1-	FOR STATE REGISTRAR	DEPAI	CERTIFICATE OF DEATH	REG. NO.	
0.00	I. DEC	CEASED NAME FIRST	WIDDLE	LAST	2e. DATE OF DEATH MONTH	DAY YEAR 2b. HOL
25		MIARJOR	18	WILLIAMS	12-2	8-1983 1/3
(BA(I)	1 SE)	_	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	# UNDER 1 YEAR IF UNDER
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52		RTHPLACE (STATE OR FOREIGN DUNTRY)	Th CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
50	10.0	TY OR TOWN OF DEATH	U.S.H.	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	17 USUAL OCCUPATION	126 KIND OF BUSINE
## Gall)	0	.10	LIF NOT IN SUCH FACILITY, GIVE STR	EET ADDRESS)	TYPE OF WORK FOR MOST OF WORKING LI	
10 m	USU.	AL RESIDENCE IN NURSING HOME O	IR OTHER INSTITUTION, GIVE RESIDENCE BEI	resing Home.		
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20		aryland Mon	tgomery Sandy	15 MOTHER'S MAIDEN NAM		Rd. 20000
10 Ap/	LOIN	T. E.	MIDDLE LAST	iams ANNa	MIDDLE	1.76: +E
D. 1		VAS DECEASED EVER IN U.S. A	RMED FORCES? 146 SOCIAL SE		ADDRESS	WITTE
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and		2500	DUE TO, OR AS A CONSEC	OVENE OF THE HA	111505	406
2 miles		Canditions, if any, which	(16)	+50100 0/6	66110-3	101
4 6 6 7		cause (o), stating the underlying cause last	DUE TO, OR AS A CONSE	DENCE OF	Ď.	400
23 T			(c)	010101-		17-0
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机机	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USE
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The state of	CER	214 ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCURR	ED JENTER NATURE OF INJURY IN ITEM 18.	
phys military friends	CAL	OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
d white	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	211 LOCATION STREET	CITY OR TOWN	COUNTY ST
The American	4	AT WORK NOT WHILE		1/2 00	191/20	02
TOR Hear Hear		The second secon	nital) attagged the desegred from	7-27 -2	10/2/20	19-3 , thei (1)
The state of the s			ot) view the body after death.		eath occurred on the date and hou	
The Control of the Co		one e	& Tak	DEGREE ATTENDING	MEDICAL STAFF	The DATE SIGNED
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o FUN house by	23a B	URIAL, CREMATION, REMOVAL Removal		Geo. Wash. Med. Scho	234. LOCATION CITY OR TOWN	COUNTY STA

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4	1-	STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.							
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: 3 × ≥ - 0		18 CAUSE OF	DEATH (Enter onl	y one cause per li	ne far (a), (b), and (c).)		wood Ter	race, Silv	er Spr	A ITAPPROXIMAT	ELINTERVAL TAND DEATH
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A WAS		ACTUAL SIGNATURE	11	Lordon	() Thus	L		iefedical examiner	DATE	12/16/	83
MEDICA CUTE TH SE 4 SH FUNERA FRORET	1	SIGNATURE_	100		21140	1	Deputy ai	MEDICAL EXAMINER	SIGNE	0 12/10/	00
TO MEDICAL EXAMINER: XXECUTE THE CERTIFICATE XYECUTE THE CERTIFICATE TO FUNERAL DIRECTOR: ATTER DEATH, WITH THE SALTHWARE. ATTERNORE. MARKITHE SALTHWARE.	A	EXAMINER'S N	IAME	Thomas D	. Smith, M.	D.	ADDRESS 111	Penn St. Ba	lto.,MD.		
524544 44544	23a.F	SURIAL, CREMAT	ION, REMOVAL 2		23c. NAME OF C		THE DIRECTO	238. LOCATION			
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/		1 -	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH		3 5	3 3	
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ge 4 mo)	(M)	3. SE	Templ	و	RACE	ite	5 DATE C		6 AGE (IN YEARS LA	ST BIRTHDAY) YRS	MONTHS DAYS	IF UNDER 24 HRS
deagh Poge	41	W	RTHPLACE (STATE OR COUNTRY)			S.A.	/? 8 MARRIEI WIDOWE		9 BALTIMORE CI	omery	Y OF DEATH	MD.
rs ofter o	30	T	akoma Pa	rk /	I BOT IN BU	CH FACILITY, GIVE STRE	et address)	G 1- DNC	120 USUAL OCCU	PATION Cost of Working Clerk	126 KIND O INDUSTRY	F BUSINESS OR
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low requires	been signer e prior to burn s ony injury, o	CERTIFICATION	PART 2 OTHER SIG	TION	196 CONE	DITION FOR WHIC	DEATH OPERATIO	m	200 AUTOPSY?	20b. IF Y	ES, WERE FINDIN	IGS USED
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BF			Burial		12/5/	1983	Ft.Li	ncoln Cem.	Brent	becw	Pr. Geo.	Md.

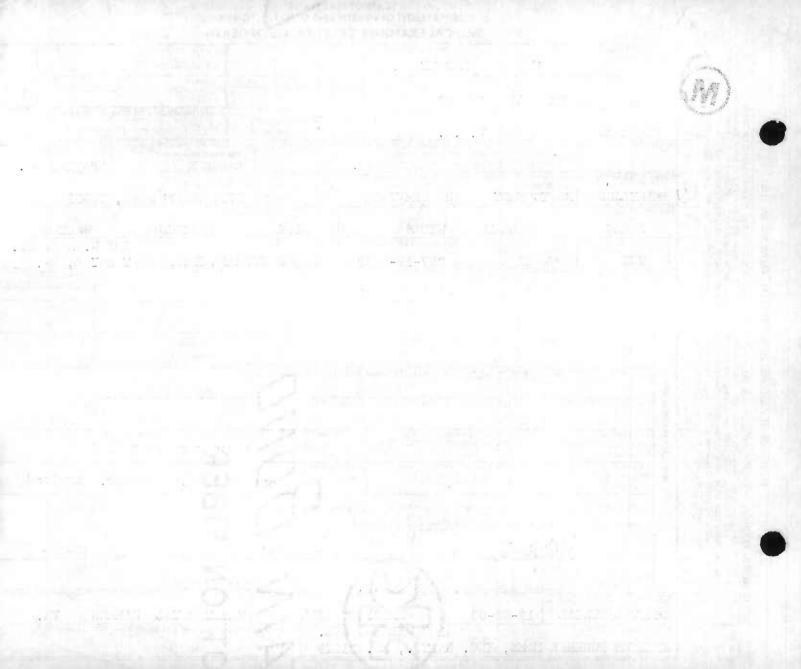
24 FUNERAL DIRECTOR Nalley's F.H.

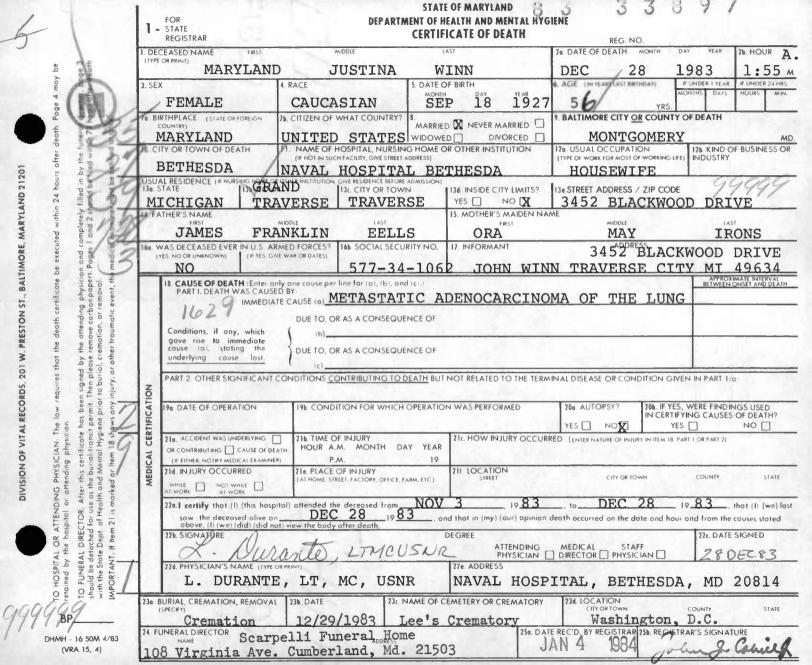
Ft.Lincoln Cem. Brentwood Pr.

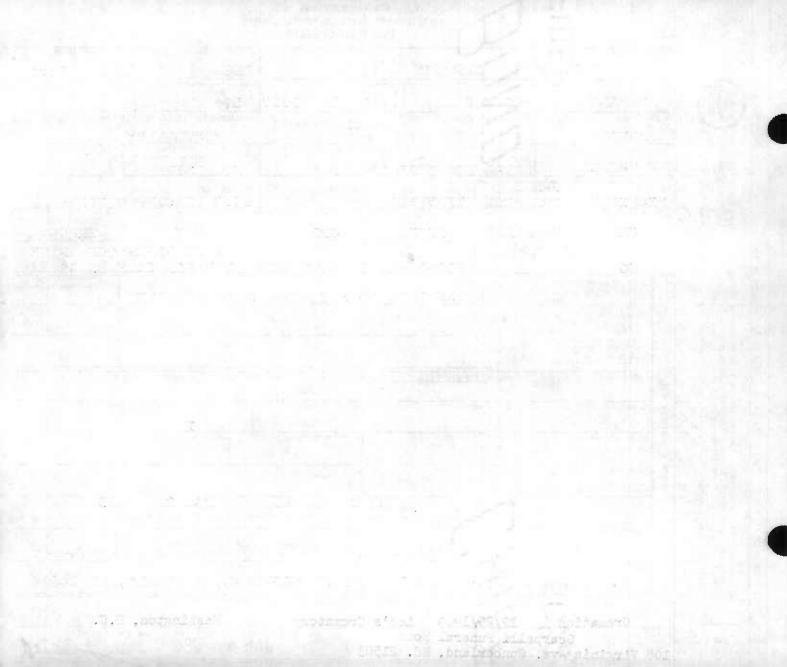
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BP. DHMH - 16 50M 1/81 (VRA 15, 4)

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-	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directional choice as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 12 hours 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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FOR - STATE

REGISTRAR

Male

Maryland

TR BIRTHPLACE STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

Olnev

Paul

PART I. DEATH WAS CAUSED BY:

Conditions, if ony, which gove rise to immediate couse (D), stoting the

underlying couse lost

9a DATE OF OPERATION

UGENE

Burial

23a. BURIAL, CREMATION, REMOVAL

YES, NO OR UNKNOWN)

Maryland

4 FATHER'S NAME

no

John

MIDDLE

 \mathbf{F}_{ullet}

DECEASED NAME

(TYPE OR PRINT)

COUNTRY)

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 28 DATE OF DEATH 26 HOUR Gardner 14, 1983 1:48PM Wire December 4 RACE 5 DATE OF BIRTH AGE IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS white DAYS HOURS April 10. 1938 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA DIVORCED K Montgomery County WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h. KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Montgomery General Hospital Salesman Hardware USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Montgomery 134 INSIDE CITY LIMITS? 13. STREET ADDRESS Rockville 139 S. Van Buren St. Rockville YES T NO [15 MOTHER'S MAIDEN NAME MIDDLE Wire Minnie Gardner IM SOCIAL SECURITY NO 17 INFORMANT ADDRESS 14a WAS DECEASED EVER IN U.S. ARMED FORCES? [IF YES, GIVE WAR OR DATES) 78-50-9204 Paul F. Gardner same as 13e APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for 101, 161, and it 6 MONTHS MIMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO P NO [YES [214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB, PART 1 OR PART 2) P.M. 19 211 LOCATION CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED

11g ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED 21R PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on b obove, (1) (we) (did) (did not) view the body ofter death 226 SIGNATURE ATTENDING MEDICAL am PHYSICIAN DIRECTOR | PHYSICIAN 224. PHYSICIAN'S NAME ITYPE OR PRINT) 22R ADDRESS PHILIP RINTE

23c NAME OF CEMETERY OR CREMATORY

1331 Rockville Pike Rockville, Md. 20852

ANNERY, MD

Clarksburg Methodist Church Cemetery, Clarksburg, Md. 258. DATE REC'D. BY REGISTRAR 255 CGISTRAR'S SIGNOURE

23d. LOCATION

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STATE OF MARYLAND FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN Elizabeth C. Wooden 12 25 (TYPE OR PRINT) OF ESTI-83 DEATH MATED 19 DATE OF BIRTH 4. RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE Female Cauc 19AY 12ª (75 BIRTHDAY) PRONOUNCED 83 DEAD 19 Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery Wash., USA D. C. WIDOWED X DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Bethesda Suburban Hospital FOR MOST OF WORKING LIFE) OR INDUSTRY Housewife none 38 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 CQUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 500 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Churchhill George M. Mary Solvom 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO T. PAGEST DIVISION Maryland (YES. NO. OR UNKNOWN) LIFYES GIVE WAR OR DATES 579-12-8786 Robert C. Wooden, 5403 Trent St. .ChevyChase CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY: AND MENTAL HYGIEN IMMEDIATE CAUSE (a Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last REMATION, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) ED AS A E CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF YES NOJE BE 216. TIME OF INILIRY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD OR HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21 LOCATION STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN COUNTY WHILE AT WORK TO AT WORK TO MEDICAL EXAMINER; THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNEAU DIRECTOR; PAGI AFTER DEATH, WITH THE STATE BAFTIMORE, MARYLAND, 2120 22a I certify that I took charge of the remains described above, held an ond in my apinian Suicide Undetermined manner TITLE (SPECIFY) ACTUAL EXAMINER'S NAME TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE .1983 Metropolitan Crematory Alexandria, Virginia BP **DHMH - 17** Ave. NW Wash DC (VR A15 ME (5)) 20M 4/B2

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MIDDLE LAST 2b. HOUR DECEASED NAME (TYPE OR PRINT) VIN N. 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY! IF UNDER LYEAR MONTH MONTHS DAYS 80 White 1903 Male June 74. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Maryland Montgomery County DIVORCED WIDOWED X 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) I TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Suburban Hospital Bethesda Secretary Treasurer Nursery USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136. CITY OR TOWN 13d. INSIDE CITY LIMITS? 130. STREET ADDRESS Maryland Montgomery Rockville 304 Mt. Vernon Place 20852 YES IX NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Wright Florence MIDDLE UNKNOWN Nisbet 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO. (YES NO OR UNKNOWN) LIF YES GIVE WAR OR DATES! 577-05-0432 John I. Wright Tall Timbers. Md. 20690 18. CAUSE OF DEATH Enter only one cause per line for the for and ickly PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 II 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOWANJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC) NOT WHILE 220.1 certify that (1) (this haspital) afterded the deceased from 1.le saw the deceased alive an and that in (my) (auc) opinion death occurred on the date and hour and from the causes stated 275 SIGNATUS 22c. DATE SIGNED PHYSICIAN A MEDICAL DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 776 ADDRESS HIBADEM

MPORTANT 23a. BURIAL, CREMATION, REMOVAL Burial 12/30/83

FOR

23¢ NAME OF CEMETERY OR CREMATORY Monocacy Cemetery

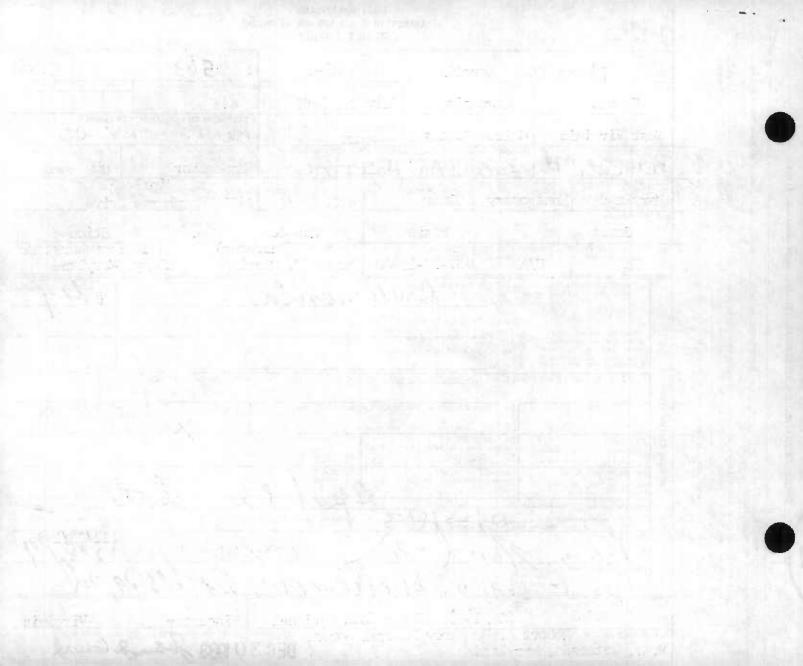
23d LOCATION

Beallsville, Maryland

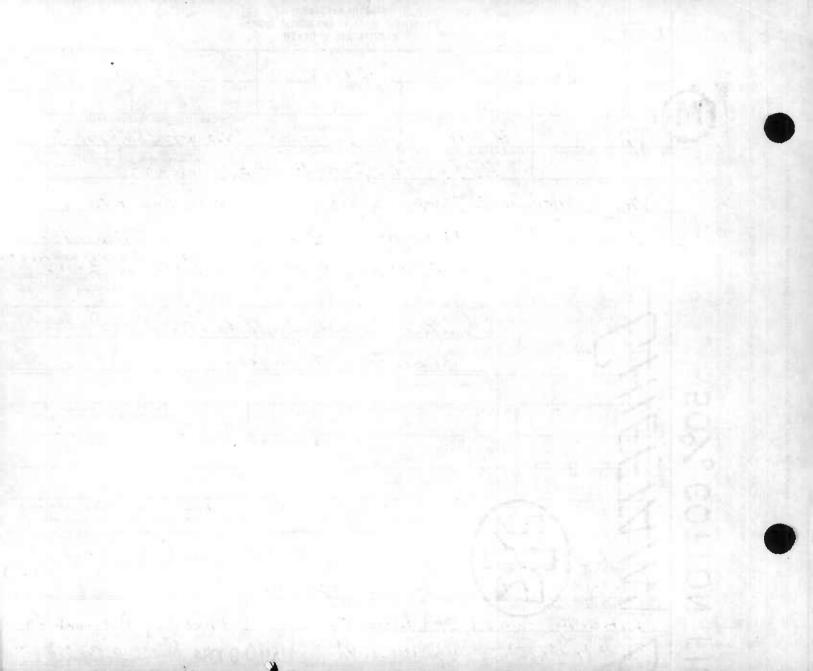
24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1331 Rockville Pike Rockville, Maryland

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Unryland Controllery Colville at Static Transform 10 mounts 35 25 35 35 35 11 35 11 35 11 35 11 35 11 35 11 35 11 35 11 35 11 35 11 35 11 35 11 35 11 35 11 35 1 uploys. Dut. Bendery fire district and Stables and Stables ave. inches, elilering we soul to the sales in Hard the School to be better - Angletic efficies eath elivored French



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		CEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
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RE, M.	9 16a \	WAS DECEASED EVER IN U.S. AI			ADDRESS	
BALTIMORE, MARYLAND 21201 cate be executed within 24 hours of ysicion and campletely filled in by yopers. Pages 1 and 2 should be filled in the medical or was a fine of the medical or was a fine of the medical or was a first that medical or was a first that medical or was a first than the medical or was a first than	1	YES, NO OR WIKNOWN) (IF YES, GI	VE WAR OR DATES)	2823 SUF SCO.	H 4/02 G	AMISON AUENY
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been mit. T	4 💆	19a DATE OF OPERATION	101 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
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DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r aftending physician. After this certificate has been sign os the burial-transit permit. Then the hand Mental Hygiene prior to burked og them 18 shown any injury		AT WORK NOT WHILE AT WORK				
O O O E		22a.1 certify that (I) (this hosp	nital) attended the deceased from	A -	, to 12.29	, 19 4 3 , that (1) (wa) last
OR ATTEN e hospital DIRECTOR, sched for u Dept. of He		sow the deceased alive or	of view the jigdy after death.	, and that in (my) (aur) opinion	n death occurred on the date and ha	our and from the couses stated
DR A hosp ched ched		27% SIGNATURE	or, view the propy other death.	DEGREE		22c. DATE SIGNED
		11/	11 7	ATTENDING	MEDICAL _ STAFF _	17 -8 07
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DHMH - 16 50M 4/82	24. F	UNERAL DIRECTOR	ADDRESS	25a. DA	ATE REC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE
(VRA 15, 4)	1	al 47h	onton tark	Rolan VA. JAN	1091984 Jan	I Cohield



20	1	FOR - STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYD FICATE OF DEATH	REG. NO.	3 9 () 3
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e 4 (M)	3. SE	male	White	MON 4	OF BIRTH 1 YEAR 27	6. AGE IN YEARS LAST BIRTHE	YRS.	DAYS HOURS MIN.
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ALTIMORE, at the be execution and compers. Pogest of the medical t		WAS DECEASED EVER IN U.S. AR	ve war or dates) 07	OCIAL SECURITY NO. 2-22-9733	JEROME ZAI	BRONSKY, ADDRESS		DRIVE EW YORK 132 APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
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At RECORDS, 20 on. on. hos been signed permit. Then ple ene prior to buris, ows any injury, a	CERTIFICATION	PART 2 OTHER GONE CANT	neep holop	SUTING TO DEATH BUT A CONTROL OF WHITE OPERATE	T NOT RELATED TOWNE LERN DO HO JUST ON WAS PERFORMED	Mutarrase	# NES, WERE	FINDINGS USED AUSES OF DEATH?
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ALOX ATTEND the hospital of ALDIRECTOR. ALDIRECTOR. Entoched for use the Dept. of Heol		27a I certify that (1) this hasp sow the deceased olive of above (1) (we) (did) (did no	otiview the body often o	30 19 6 7 death.		to /2 death occurred on the date MEDICAL STAFF DIRECTOR PHYSICIA	ond hour ond Ir	om the couses stated
TO HOSPIT reformed by TO FUNET should be set in the Su	730	BURIAL, CREMATION, REMOVAL	herer v	ND 1231 NAME OF	3947 Ferr	rara A. l	Ukeator	md
BP	250.	ESPECIFY BURIAL	1/2/1984		LEBANON CEMETE	RY ADELPHI, P		GES MARYLAND
DHMH - 16 50M 4/83 (VRA 15, 4)	240	UNALDREMORSTEIN	HEBREW MEM	ORIAL FUNE	VAI HOME	TE REC'D. BY REGISTRAR 25	b. REGISTRAR'S S	The Church

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